

The Person Inside The Nurse

The Professional Socialization Of Baccalaureate Nursing Students

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Abstract

The goal of this research was to gain an understanding of the process of professional socialization by accessing role meaning of students engaged in a BScN program. Students from each of the four years and faculty members from the school of nursing volunteered as participants.

G. Kelly's (1955) Personal Construct Theory provided the framework to determine awareness and constructed meanings. A reflective tool, called LifeMapping, was adapted and utilized to relate student experiences within education that have attributed to nurse role meaning. Focus group interviews verified data interpretation.

Students are informed of their choice to study nursing through part-time and volunteer work, secondary school cooperative placements. Descriptions reveal that choices are tested and both positive and negative aspects of the role observed. Bipolar images of good and bad nurses seem to be context-related. These images may establish biases in choices related to learning experiences. The person inside of each aspiring nurse interprets, revises and understands experiences to incorporate individual meaning into their value and belief structures.

Students are aware of changes and describe them as developments that occur personally up to Year III and role-image changes that begin in Year II. The major difficulty that students encountered was described as negative attitudes towards their anticipated role. Humanistic-interactionist philosophies are echoed in student accounts of learning experiences. Growth and role development corresponds to process factors of small group, problem-base learning.

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Table of Contents

	Page
Abstract.....	ii
Acknowledgements.....	iii
List of Figures.....	ix
CHAPTER ONE: THE PROBLEM	
Introduction.....	1
Background Of The Problem.....	1
Childhood Socialization.....	2
Adult Socialization.....	2
Professional Socialization.....	3
Socializing Agents.....	4
The Problem Situation.....	6
Purpose Of The Study.....	7
Research Questions.....	8
Self-Awareness.....	8
Role Awareness.....	9
Assumptions.....	10
Study Limitations.....	11
Theoretical Framework.....	12
Importance Of The Study.....	13
CHAPTER TWO: REVIEW OF RELATED LITERATURE	
Chapter Overview.....	17
Professional Socialization.....	18
Nursing Education.....	26
Program Structure.....	28
Philosophy.....	28
Curriculum.....	31
Process: Instructional Methodology.....	33
The Person.....	35
CHAPTER THREE: METHODOLOGY OR PROCEDURES	
Overview.....	39
Philosophical Dimensions.....	40
Pilot Studies.....	43
Research Design.....	44
Ethical Considerations and Participant Access.....	45
Procedures.....	47

Letter of Introduction.....	47
Consent Forms.....	48
Data Coding.....	49
Selection Of Participants.....	49
Population and Sampling Procedures.....	49
Instrumentation.....	53
LifeMapping Document.....	53
Interviews.....	57
Student Interviews.....	58
Faculty Interviews.....	60
Other Interviews.....	61
Official Documents.....	62
Questionnaire.....	62
Data Collection, Recording And Analysis.....	64
LifeMapping Documents.....	64
Interviews.....	66
Other Interviews.....	68
Literature Search And Official Documents.....	69
Questionnaire.....	71
Methodological Assumptions.....	72
Methodological Limitations.....	75

CHAPTER FOUR: FINDINGS

Introduction.....	78
Section I.....	81
Self Awareness.....	81
Role Awareness.....	102
Section II.....	110
Mission, Vision, Values.....	111
Curriculum.....	112
Structure.....	112
Process.....	113
Content.....	114
Recruitment And Admission Procedures.....	115
Course Structuring And Trends.....	118
Clinical Structure And Trends.....	120
Questionnaire Findings.....	124

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND IMPLICATIONS

Summary.....	127
Conclusions And Implications.....	129
Conclusion # 1.....	130
Implication # 1.....	133

Conclusion # 2.....	135
Implication # 2.....	138
Conclusion # 3.....	140
Implication # 3.....	141
Conclusion # 4.....	142
Implication # 4.....	143
Conclusion Summary.....	143
Glossary B-Ed.....	146
Glossary H-Me.....	147
Glossary Mu-Oc.....	148
Glossary Pa-Se.....	149
Glossary So-Va.....	150
References.....:	151
Appendix A: Ethics Letter of Approval: Brock University.....	161
Appendix B: Participant Criteria Questionnaire.....	162
Appendix C: Research Letter of Introduction.....	163
Appendix D: Invitation to Participant Meeting.....	164
Appendix E: Year I Consent.....	165
Appendix E-1: Standardized Page Two of the Consent.....	166
Appendix F: Year II, III, IV Consent.....	167
Appendix F-1: Faculty Consent.....	168
Appendix G: Original LifeMapping Document.....	169
Appendix G-1: LifeMapping Conceptual Background.....	170
Appendix H: Adapted Mapping Y-I.....	171
Appendix H-1: Adapted Mapping Continued.....	172
Appendix I: Adapted Mapping Y-II, III, IV.....	173
Appendix J: Adapted Mapping Faculty.....	174
Appendix K: Y-I Interview Outline.....	175
Appendix L: Y-II Interview Outline.....	176
Appendix M: Y-III Interview Outline.....	177
Appendix M-1: Y-III Interview Outline Continued.....	178
Appendix N: Y-IV Interview Outline.....	179
Appendix N-1: Y-IV Interview Outline Continued.....	180
Appendix O: Faculty Interview Outline: 4F23.....	181
Appendix O-1: Faculty Interview Outline: 4F23 Continued.....	182
Appendix P: Faculty Interview Outline: 11F22.....	183
Appendix Q: Faculty Interview Outline: 20F25.....	184
Appendix R: Faculty Interview Outline: 24F13.....	185
Appendix S: Interview Outline: 1411.....	186
Appendix T: Interview Outline: 159.....	187
Appendix U: Student Priority Questionnaire.....	188
Appendix V: Nursing School Mission, Vision and Values.....	189

Appendix W: School of Nursing Model of Nursing.....	190
Appendix X: School of Nursing Model of Education.....	191
Appendix Y: Sequencing of Concepts of Health and Illness.....	192
Appendix Z: Teaching-Learning Sequencing.....	193

List of Figures

	Page
Figure 1: Study Sample Numbers.....	194
Figure 2: Averages of Student Priority Ratings.....	195

CHAPTER ONE: THE PROBLEM

Introduction

This thesis explored what it means to be a nurse from the perspective of nursing students. Learning from students as they navigate the nursing school program focused research of professional socialization to the education context. With legislation in progress to standardize nursing education to a Bachelor of Science in Nursing degree as prerequisite entry to nursing practice, an Ontario university school of nursing was the chosen site to conduct this study. Students were asked to describe influencing factors in their choice to study nursing, events within their education that helped them ascribe meaning to their role, difficulties encountered in the process and coping strategies. Through description of meaning, the goal of this research was to contribute to an understanding of the process of professional socialization within education.

Uses of terms that are unique to the nursing profession have been included in a glossary that can be found at the end of Chapter Five.

Background Of The Problem

Professional socialization is a multidimensional process. Each dimension provides a unique contribution to the context of professional socialization. An outline of each dimension will briefly describe the aspects from which professional socialization was viewed. Dimensions include: child socialization, adult socialization, professional socialization and socializing agents.

Childhood Socialization

As human beings we are all engaged in a process of socialization. Socialization is defined in terms of the individual as the target of learning the values, attitudes, knowledge, skills and interests of the social group of which they are becoming a member (Pavalko, 1971). Initially, many aspects of the socialization process are unconscious reactions to behavior. The mother who scolds her child for hitting others is teaching the child appropriate behavioral role expectations within their culture. Although socialization is not the explicit thought of the mother at that moment, the expected outcome of behavior conformity reflects the shared norms, values and attitudes of their culture and community. Explicit values are stated and illustrated by individuals through application of judgments and by identifying specific boundaries. An individual is rarely aware of implicit values until recognized by another through action or behavior. Values are components of psychological processes, social interactions, cultural patterning and storage of behavioral feedback (Rokeach, 1979).

Adult Socialization

Adult socialization differs from that of a child with the recognition that the process is usually associated with a role within an occupational system (Pavalko, 1971; Simpson, 1979). In addition to learning new norms, values and beliefs, adult socialization often involves unlearning, reform, and extension of established norms, values and beliefs that may conflict with norms and values of new roles (Pavalko, 1971). According to Pease (1972), "In being socialized, individuals learn and internalize new expectations and develop and modify their self-conceptions by role-taking, observation and participation" (p.178).

Professional Socialization

Professional socialization is constructed on the assumption that an individual has been engaged in developmental socialization, as outlined in the above two dimensions. It involves the acquisition, of essential knowledge and skills, a sense of occupational identity attributed to the role, and internalization of the occupational norms of a fully qualified practitioner (Moore, 1970). Professional socialization is constructed on the premise that an individual has transcended child socialization and embarks on adult socialization within occupational boundaries. The major function of professional socialization is to facilitate change in the individual through instructing, teaching and role modeling the knowledge, skills and attributes of the profession (duToit, 1995). Process implies a progression towards an end product. The individual ought to think, look like and feel like a member of the professional group (Pavalko, 1971). Characteristics of a profession, and aspirations of individuals adopting the role include:

1. The profession determines its own standards of education and training
2. Professional practice is often legally recognized by some form of licensure
3. Licensing and admission boards are serviced by members of the profession
4. Most legislation concerned with the profession is shaped by the profession
5. The occupation gains income, power and prestige ranking, and can demand high caliber students
6. The practitioner is relatively free of lay evaluation and control
7. The norms of practice enforced by the profession are more stringent than legal controls

8. Members are more strongly identified and affiliated with the profession than
 - are members of other occupations
9. The profession is more likely to be a terminal occupation: members do not leave it, and a higher proportion assert that if they had to do it over again they would choose that type of work
10. The student professional goes through a more far-reaching adult socialization experience than the learner in other occupations (duToit, 1995, p.165).

Socializing Agents

The goal of professional socialization implies a change within the individual in four aspects: knowledge, skill, attitude and behavior. It is the role of socializing agents to facilitate certain changes over the course of the education program.

Besides learning scientific knowledge, theory and its application, the student nurse must learn what other nurses expect of them, how others react to words and behaviors, and to recognize and solve problems associated with all of the change agents within the education context (Guinee, 1970). Change agents, who are arguably empowered through education by the profession, manipulate through use of symbols and ideas to control the construction of reality to socialize students of the program into the profession (Haas & Shaffir, 1987). Agents of professional socialization are both internal and external to the education setting. For the purposes of this study academic and clinical faculty members and the education program were considered agents of the socialization process.

Over the past decade there have been significant changes occurring within the context of nursing education due to broader societal shifts. The paradigm shift from the medical

curative model to the holistic experiential model emphasizes and values that learning and meaning occur in a context of caring and experiences. It is this co-constructed meaning that the nursing profession values within the relationship between the nurse and the patient (Walton, 1996). This shift has resulted in changes to the role of the nurse. The novice is at a particular disadvantage during periods of rapid change. Confidence in tools, skills and social climate can no longer be guaranteed relevant when role conflicts and changing atmospheres prevail. New graduates of nursing programs are faced with anxiety, stress and frustration upon entering the work world as agents of the social and professional changes (Cherniss, 1980).

While education innovation has been a consistent theme throughout nursing history, changes have been based primarily upon philosophical argument and little documentation of the impact of these changes on programs, students or the health care delivery system has been done (McGuire, Foley, Gorr, Richards, & Associates, 1983). There is little Canadian evidence of research on the impact of professional socialization or about how attitudes developed during education affect careers (Donner, Semogas, Blythe, 1994). Links have been made to suggest that attitude and career orientation are largely influenced by the boundaries of socialization within the years of formal education (Cherniss, 1980). It is therefore essential that research focus on understanding professional socialization from the perspective of the person engaged in the process. Educators delegated with the responsibility of facilitating change of those aspiring to practice nursing must be questioned of their views regarding how they teach students aspects of professional role orientation. Little available evidence from education settings

leaves us to question an understanding of the process of professional socialization and meaning of the nursing role construed by students.

The Problem Situation

In order that the process of professional socialization may be understood, access to individual perspectives within experience must be accomplished. The difficulty of this task becomes evident when viewing professional socialization as a process of acquisition of new views of oneself as student and adult while also acquiring new role behaviors. The duality of this socialization process involves, developmental socialization of the adult and the self and resocialization from layperson to professional. Each new experience influences our value judgments of previous events (Olsson & Gullberg, 1987). Because there is a reciprocal influence between life roles and professional roles, there is not only a cognitive component to professional socialization but also an emotional component that may be rooted in core values influencing personal meaning. It is the essential quality of all beings to create personal meaning, to respond and interact with their environment and each other while maintaining reference to internal meanings (Dallos, 1991).

Within the process of professional socialization, individuals attempt to create meaning from their experiences and from others' actions in order that they can inform their behaviors. Only a form of negotiated meaning results when individual differences are factored into the equation. To access individual meaning it is necessary to consider certain aspects of the individual's core values. It becomes problematic to achieve understanding of others when individuals themselves may not be aware of how they create meaning or, how they are influenced in their new role development.

Accessing individual meaning in an effort to understand the process of professional socialization must therefore consider aspects of core values, levels of individual awareness and awareness of their relationship to their new role and how meaning is created within this relationship of self as person and self as professional.

Purpose Of The Study

The purpose of this research was to understand the process of professional socialization through analysis of individual experiences of nursing students as they navigate a nursing baccalaureate degree program. Research explored why students chose to study nursing, their awareness of influencing factors and perceptions of how students ascribe meaning to their evolving role. Thoughts and feelings were elicited through student description of significant events within their education that have contributed to role development.

It was also the purpose of this study to provide data to nurse educators about the process of professional socialization. Evaluating the meaning construed by the students will provide a humanistic view of how the teaching and learning process interacts with the person as the education program is navigated and role orientation is developed.

Speech is not what one should desire to understand. One should know the speaker...The deed is not what one should understand. One should know the doer... Mind is not what one should desire to understand. One should know the thinker (Kanshitaki, cited in Bannister & Fransella, 1986, p.29).

Research Questions

To understand the process of professional socialization it is essential to examine factors relating to the dimensions of the self and the professional role orientation. Using the

analogy of building blocks, the process of professional socialization builds on the foundation previously established by factors of developmental socialization outlined above. As the beginning student engages in the experiences of nursing school, new values, beliefs and role behavior expectations are constructed onto previously established role identities in varying forms of chaos or structure (Cohen, 1981). To understand the constructed meaning of the individual, questions were posed from dimensions of the process.

Self-Awareness

Are students aware of why they chose to study nursing and the factors influencing their choice?

Eliciting values and beliefs held by students prior to engaging in formal study may determine if students entering the program maintain a sense of idealism related to nurturing and humanitarian values established by social interpretations of the nursing role. It is believed that many entering students adopt the values and beliefs of others and hope that a choice to study nursing will provide them with a meaningful social role; assist them with identity formation and achievement of life goals (Cohen, 1981).

Are students aware of changes in themselves over the course of nursing school? What strategies do they employ to adapt to these changes?

Students must learn to make choices regarding everyday living that they haven't faced before. Stresses of new friendships, old relationships ending, living with other than family and financial uncertainties are only a few examples of new experiences that students face. They must also participate in their own education, making decisions regarding "studentship". The notion of studentship is a phenomenon often referred to as

student compliance and perpetuating behaviors based on faculty expectations in order to progress (Cohen, 1981; Haas & Shaffir, 1987; Olesen & Whittaker, 1968). Haas and Shaffir (1987) refer to studentship as impression management, managing one's presentation to others in order to convince faculty members and others that you are credible.

Role Awareness

What are the most important events used by faculty to teach the norms, values and beliefs of the nursing profession in the education program?

Although there are multiple socializing agents involved in professional socialization, faculty members encountered by the students and the education program were the socializing agents considered in this study. Faculty members were seen as socializing agents within the education context and viewed as role models. During negotiated encounters, faculty members present a model of professional values, beliefs and behaviors. The student processes this encounter to determine meaning. This processing results in either, acceptance or rejection of the model into their role orientation as a result of the interaction. Simpson (1979) feels that successful role orientations will be developed if there is a connection between faculty members' values and student values, expressed via program objectives.

What strategies do faculty members employ to teach the norms, values and beliefs of the profession?

Nursing education programs consist of a curriculum, faculty, students and subject matter. Connelly and Clandinin (1988) define curriculum as "something experienced in situations". It is a dynamic interaction among persons, things and processes within an

environment. It is the mandate of faculty members to facilitate learning within this interaction, not only of knowledge and skills, but also professional role orientation.

Assumptions

The major assumption of this study was that professional socialization occurs as described in literature. There is some evidence in literature to suggest that the process occurring within the education context is socialization to a student role while the workplace offers the realities of socialization to the profession. Often referred to as “reality shock”, Cherniss (1980) and Howard (1999) talk about new professionals who are critical of their academic training as not being “practical, relevant or useful” for workplace encounters.

It is also assumed that significant changes occur within the students as they transcend life-span development from adolescence to adulthood. Professional socialization may be a part of adult development sustained by a cumulative progression through the education program and as a result of learning within the university context. This process is concurrent with the years of nursing school and a sense of convergence occurs between personal and professional role development (du Toit, 1995; Pavalko, 1971; Simpson, 1979). The outcome of professional socialization is the alteration of self-concept and the transformation of layperson to professional. The professional is motivated and accepting of knowledge, skills, attributes, morals and ethics learned within the four years of the education program.

It is also assumed that all participants will welcome the opportunity and the role of co-researcher in the exploration and discussion of the process of professional socialization. Implicit values and beliefs will be surrendered to the study to assist in the understanding

of the individual within the process. Qualitative studies imply that a relationship is developed between the researcher and participants (Bogdan & Biklen, 1998). Accessing inner thoughts and feelings of participants, to understand the process of professional socialization, deems that a trusting relationship be established in a relatively short period of time. Researcher integrity and skill and participant trust are assumed if access is granted to implicit values of participants.

Study Limitations

This research study is in partial fulfillment of a Master of Education degree, therefore the time and scope of the research is somewhat limited. Because of the multidimensional nature of the process of professional socialization, boundaries limiting the study to the context of education may provide a restricted view of the process, although not without merit. Study of the process as an outcome would perhaps extend the boundaries beyond the education context, as in Simpson's (1979) study. It is not the intent to determine specific change as a function of time but to describe meaning in an effort to understand how individuals construct role meaning within their education. Generalizing the results of this study is not realistic because of the case-study design, using one school of nursing, and time restrictions.

Time restrictions and limited participant access could affect relationship building between the researcher and participants. Experiences often relating to core personal values and beliefs may be a source of conflict during the development of personal and professional identities and may be difficult for individuals to articulate. Inviting and facilitating participants in this study may be mutually informative and contribute to the learning process for the participants as well as the researcher.

Inexperience of the researcher in conducting formal research could place certain limitations on the study however; the benefits derived from the learning process cannot be discounted. A certain connectedness within the realm of learning may actually enhance the relationship and trust between the researcher and participants within the study. This may contribute insight into the collection and interpretation of data.

Theoretical Framework

The person inside the nurse will be explored using George A. Kelly's (1955) Personal Construct Theory, (PCT). Based on the principles of constructive alternativism, Kelly believes that individuals actively construe and continually make revisions to their world. He claims that individuals are scientists who construe meaning of events, objects, and people based on past experiences in order that future events may be anticipated. As scientists, individuals formulate hypotheses and test these against known reality. In a process of anticipating and predicting future reality, meaning is subjected to previously constructed value and belief structures in order to revise, discard or incorporate new meaning into their being (Blowers & O'Connor, 1996). The ultimate goal of an individual, as a scientist, is the prediction and control of the path of life events that he or she must choose to navigate (Kelly, 1955).

Kelly (1955) asserts that constructs are patterns or templates of a person's processes that are psychologically channeled by an active network of interpretations based on anticipation of events. These constructs are ways that individuals make sense of life events in terms of perceptions of likeness and differences amongst objects and events (Kelly, 1955). These bipolar dimensions represent hypotheses applied to new situations that are tested for suitability within our meaning networks. Bannister and Fransella

(1986) indicate that what makes Kelly's theory unique is the belief that we are all "in the business to understand our own nature and the nature of the world" around us (p.8). It is striving towards personal meaning that is drawn from our past and interpreted in the present that guides our behavior and informs future goals. Behavior is anticipatory rather than reactive so that "a thoughtful man [sic] is neither the prisoner of his environment nor the victim of his biography" (Kelly, 1955; p. 560). This study was approached with a view through the lens of Kelly's PCT theory. Using a telescope lens to view the individual within the process permits descriptions that magnify dimensions of meaning as students construe themselves within the role of nurse.

Importance of The Study

The process of professional socialization is thought to be a means of teaching aspiring nurses the knowledge, skills, values and beliefs of the nursing profession that are accepted and rejected within the boundaries of our society. This process guides and directs behavior, judgment and decisions that nurses make to promote the health and well being of their patients. It develops a sense of self-concept and role relatedness that enables nurses to establish professionalism in their nursing practice for effective assessment, care and treatment of their patients. Understanding the process of professional socialization informs and challenges nurse educators to focus on the meaning constructed by students within their education. Schools must be equipped to assess, plan, implement and evaluate changes made to program structures based on researched findings. Findings inform changes, enhance the teaching and learning process and promote personal and professional role awareness for aspiring nurses.

Engaging in the learning process and conducting formal research was perhaps the most significant outcome of this study. Research within the context of a learning experience informs, challenges, questions, teaches and evaluates. Utilizing a naturalistic form of inquiry enables researchers to focus meaning and understanding of others' experiences by sharing thoughts, feelings, narratives and discussion in an effort to influence the teaching and learning process. Findings grounded in research provide credible ways of knowing and interpreting how individuals navigate their experiences in education (McMillan, 1992).

Many of the previous studies about the process of professional socialization have used quantitative designs or qualitative design with repeated measures. The structured format of interviews and questionnaires may have introduced bias or limitations. These studies were American based and most dated greater than ten years ago. Extensive changes that have occurred to social structures and the health care system combined with a lack of Canadian based research were indicators of relevance for this study. The proposed change to standardize entry to nursing practice as BScN prepared and significant changes that have occurred to the role of the nurse over the past ten years suggests that this research was timely and informative.

This study will target descriptive views of the person within the process of professional socialization and the meanings actively constructed by students engaged in creating the relationship between themselves and their anticipated role of nurse. Faculty participation has been included to explore Kelly's (1955) choice of role description, "...while one person may play a role in the social process involving the other person, through subsuming a version of that other person's way of seeing things, the understanding need

not be reciprocated” (Kelly, 1963; p.98-99). This view of role orientation explores how students may perceive and interpret the faculty as role models and could perpetuate unique aspects of professional role orientation. Individual interpretation delineates meaning and ultimately role relatedness. Understanding how students perceive others and make meaning within their evolving role holds the key to educating these individuals and perhaps some insight into future direction of the nursing role. These individuals are our future nurses, decision-makers and leaders in health care. Interpreting past events and awareness of meaning will provide us with the reason for today and clues for tomorrow.

“Only that day dawns to which we are awake”

(Thoreau, 1998; Cited in C. Carter-Scott, p.54).

Chapter Two will visit the literature used to explore the dimensions of professional socialization by other researchers and authors. This narrative will examine many of the internal and external influences with the goal of providing a foundation for the research methodology, procedures and analysis of the data found in Chapter Three. The many dimensions of the process of professional socialization require a literature review that includes: an overview of the external process, education and factors within the individual that may affect how they navigate their role orientation. There seemed to be very little written about professional socialization, specifically referring to nurses, perhaps because nursing has not been recognized as being a member of the professional category. Maloney (1992) reviews this debate and conceptualizes professionalization as a comparison between characteristics of the defined “ideal” professions to the descriptions of the “realities” of any occupation (p.7 & 8). This comparison is evident in the review of sociological literature and informs the reader of the dualistic nature of the process of

professional socialization. The nature of idealism inferred in the professionalization of an occupation becomes distorted within the realities of person and context. Exploration of the literature illustrates the discourse between ideal and real for the person engaged in the process of professional socialization.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Chapter Overview

The process of professional socialization embraces the duality of adult socialization and professional role orientation. Review of related literature has provided insight into the complexity and multidimensional aspects of this process and also the realization that a complete study of all dimensions of this process is beyond the scope of this study. Salient patterns and themes found in literature provide a foundation for exploration but direct relationships to nursing within the context of education are limited. The literature review demonstrates that there are very few Canadian studies relating to the process of professional socialization within Canadian university schools of nursing. Many of the published articles, although not Canadian, have focused on one dimension of professional socialization or have used the concept of socialization to demonstrate a need for mentors, preceptors, use of reflection, critical thinking, and reduction of stress and anxiety for beginning students

The review of the literature will be accomplished in three sections: ***Section One: Professional Socialization*** will outline the meaning of process in terms of purpose, structure and creativity while providing a description of professional socialization. The salient features of this process will be related to social aspects of the process and more specifically as they relate to the nursing profession. ***Section Two: Nursing Education*** will provide a contextual analysis of the process of professional socialization. An introduction and overview of education trends will lead to a discussion of how nursing school program structure, process and content may influence the students engaged in the process of professional socialization. ***Section Three: The Person*** will explore the

individual within the socialization process using George Kelly's (1955) Personal Construct Theory. This journey focused on issues of recruitment, role concept formation and strategies that students use in the process of role orientation. Literature was used to support a glimpse into the meaning of value and belief formation for individuals at this particular avenue of social development.

Professional Socialization

Professional socialization is referred to in the literature as a process. A process may be defined as, "a series of progressive stages in which interdependent activities have some purpose" (Torres & Stanton, 1982; p. 16). Processes are characterized as possessing: an inherent purpose, internal organization and infinite creativity. The purpose is the goal towards which the series of stages operates. Organization is the structure that enables the goal to be accomplished and creativity is progression and changes over time. The number of unique tiny parts illustrates the creativity of a process. When viewed quickly, all appear to be different, yet each is created from the same parts (Bevis, 1989). By applying this definition to the process of professional socialization, this process has a purpose to teach individuals the culture of a profession by learning the values, attitudes and practices that make the profession distinct (Gray & Smith, 1999). Structurally, the education program within a school of nursing facilitates the goal of learning the knowledge, skills, values, beliefs and attitudes characteristic of a qualified nurse.

Creativity of the process is the most debated portion of the process within the literature. Creativity, and in some cases structure, seems to depend entirely on who is viewing; the philosophical foundation, the purpose of the viewing and the method used to

view. Structure provides format and context while the process must be flexible and adaptive to the needs of individuals (Comack, Brady & Porter-O'Grady, 1997).

Bevis (1989) compares creativity of a process to looking through a kaleidoscope. When the kaleidoscope is held to your eye and twisted there is the appearance of an infinite number of colours and patterns that change with each movement of the parts. The unique perspective of the viewer determines the transformation and ordering of images through light and colour distribution. What initially appears to be a chaotic display of colour can potentially be transformed into a melody of harmonious colours. Similarly, Hart and Holton (1993) describe the creativity of learning within education. They assert that students must first be able to “de-focus”, as you would turn the eyepiece of a kaleidoscope. By losing the focus, we open ourselves to opportunities to view new and creative patterns that we may not have otherwise seen. Limiting or erasing the boundaries of our experiences subjects our knowledge to scrutiny and critique. “This means to be able to withstand periods of uncertainty or confusion, to accept – at least temporarily – “chaos” before creating order” (Hart & Holton, 1993; p.247). Marks-Maran (1999) describe the theory of chaos in an application of energy flow and weather patterns. The cause and effect of small changes of energy flow creates disproportional and nonlinear changes in weather patterns. Introducing small variations in temperature, wind and precipitation may cause large, random, unpredictable changes in weather. The small changes appear as chaotic weather disturbances but to the trained eye of an expert, distinguishing patterns emerge.

Similarly the process of professional socialization of nursing students presents us with a parallel view of chaos and order. The tendency to focus research on each of the

components of the process, the person and the role, provides us with a narrow vision of the process. Viewing parts of the whole does not provide clarity of the whole, rather two distinct components that somehow form a relationship. As Hart and Holton (1993) assert, learning cannot be defined in terms of its components. Knowledge and experience must be opened, scrutinized and released. It must be turned out of focus for new patterns of learning to be recognized and understood. To understand the process of professional socialization the duality of the process must be viewed as a whole and the person viewed within role development for order to emerge. To anticipate understanding one must first embrace confusion and accept the creative process that occurs between knowledge and experiences encountered.

Although it has been approximately twenty years since studies emerged on the professional socialization of nurses, purpose and structure of the studies have not altered significantly. The tendency to view some of the parts as they relate to the whole has been emerging in more recent studies. This could be attributed to researcher time, resource allocation and research design.

Since the most renowned research of professional socialization was longitudinal in design, involved teams of researchers over long periods of time and the use of many resources, it would appear that stringent use of resources demands a more focused study of the socialization process. The duality of the process of professional socialization also presents a difficult task of establishing a point in the developmental process, of the person and role development, that the study would begin and end. With knowledge of these variable factors influencing the way that professional socialization is viewed, literature will provide some direction.

In a book edited by Vollmer and Mills called, Professionalization (1966), the dynamics of occupational changes that directly relate to the purpose of professional socialization are discussed. Their book represents authors of varied occupations who explore the meaning of profession, professionals and professionalization in terms of social structure, political form, cultural norms and stages of technological development. Based on the foundations of their findings, many occupations have struggled to achieve professional status and in so doing have shaped the socialization patterns within their occupations.

Advancements of occupations towards professional status give rise to individual considerations of being accepted into an occupation of high prestige. Collective planning and actions of the occupational group improve place and power in relation to other similar groups in the societal structure (Hughes, 1966). The establishment of individual and collective criteria defined the foundation and impetus of the many changes occurring in the process of socialization within the nursing occupation.

Greenwood (1972) describes the attributes of a professional group as: systemic theory, authority, community sanction, ethical codes and a culture. He continues to describe the culture of a profession as the values, norms and symbols, all part of the fundamental beliefs and unquestionable premises upon which the occupation exist in society. Viewing professional status from a capitalistic perspective, Larson (1977) believed that professionals: possessed a distinctive commodity and cognitive exclusiveness, were adequately trained and socialized and were standardized to uniquely identify and link the group to consumer evaluation. The prominent factors of Larson's professional status description are aspects of cognitive superiority and subculture or socialization factors.

From the criteria developed by occupational groups and recognized with the social structures of society, Moore (1970) established the most commonly quoted definition of professional socialization as including: knowledge, skills, occupational identity and internalization of norms typical of a qualified practitioner. Other authors have elaborated on this definition providing specific structures, process and relationships that take place when an individual is socialized into nursing. Jacox (1978) asserts that internalization of the norms and values is not sufficient. She maintains that the hallmark of professional socialization is external and internal recognition of the new identity that does not begin upon entry into the professional school. She believes that earlier developmental experiences are directly related to a person's choice of occupation.

Olesen and Whittaker (1968) define professional socialization as "a mutual dialogue" where student choices, behaviors, and parallel life roles actively influence the acquisition of the professional role. (p.299). The most significant evolution in the study of professional socialization is reflected in a trend that acknowledges changes occurring to the person are interactions that are individually controlled. This concept of mutuality, introduced by Olesen and Whittaker, altered the definition of professional socialization to include students as active participants. They believed that the purpose of professional socialization was for students to acquire new views of themselves along with the acquisition of role behaviors.

Structurally the process of professional socialization has largely been grounded within the realm of learning in formal schools of education. Hayden (1995) views education as the conveyor of basic knowledge, skills, theory, and attitudes. She indicates that professional socialization in nursing is primarily a learning process that encompasses

interactions of students within the education context with, faculty, peers, curriculum and clinical experiences. Olsson and Gullberg (1987); Spikerman (1988); Goldenberg and Iwasiw (1993); Donner, Semogas and Blythe (1994) and Reutter, Field, Campbell and Day (1997) agree that professional socialization occurs within formal education, some determining that the aim or major goal of nursing education is to socialize neophytes into the nursing profession. Olesen and Whittaker (1968) and Olsson and Gullberg (1987) concur that professional socialization involves an awareness of: developing role and changes within the self, the positive and negative influencing factors and the expectations of attitudes and behavioral patterns. They measure the ultimate success of the socialization process to the numbers of role models interacting with students and the degree of student role modification as they compare themselves to other health professionals. Spikerman (1988) believes that faculty members are aware of the socialization process and utilize the clinical aspects of the nursing program to emphasize the norms, values and beliefs promoted within the professional group. Similarly, Goldenberg and Iwasiw (1993) in their study involving senior nursing students from an Ontario city determined that a baccalaureate group of students sustained a significant socializing affect following a preceptorship experience. Their findings support the influence of role models to provide adequate role orientation of students.

Reutter et al (1997) view professional socialization from the perspective of functionalist and interactionist approaches. Functionalists believe that students and faculty act collectively to pursue common goals in the socialization process. Students are passive recipients of knowledge, skills values and beliefs towards the goal of role acquisition. Social interactions create and modify behaviors in accordance with school

expectations. Faculty members are in a role as socializing agents who represent the nursing profession at large. Interactionists believe that students actively create meaning of their role through social interactions. Expectations of socializing agents, although considered in the process of role acquisition, are interpreted and modified by the students through their interaction and reflection on experiences. Role acquisition is constructed through interpretation and meaning rather than by acceptance through transmission of a predetermined set of norms, values and beliefs (Reutter et al, 1997). Although these authors agree that professional socialization does take place within the education setting, their study indicates that both of these approaches are actually part of the learning experiences of university nursing students. They support Simpson's (1979) view that studying professional socialization from one approach cannot explain or capture the many dimensions of the process. To structure the process into a cumulative collection of learning reduces professional socialization to a form of moral and cultural prescription. This process mechanically puts students through a culture transmission that ignores external forces that simultaneously influence student development. Simpson believed that the duality of the process could not be separated, viewing the dimensions of socialization as interrelated. Change in one dimension of socialization may predict an accompanying change in others.

Haas and Shaffir (1987), Spickerman (1988), Bradby (1990), Goldenberg and Iwasiw (1993), duToit (1995) and Holland (1999) feel that professional socialization is just one of many transitions in life from one social status to another: "a status passage" or "rite of passage". The relationship between social developmental theory and professional socialization is one aspect of the creativity involved in viewing this process. Parallels of

faculty-student relationships to child-parent relationships have emerged to emphasize the influence of role models and preceptors within the process. duToit (1995) distinguishes between child and nursing student socialization. She confirms that nursing students have already established some degree of individuality and social roles into which their professional roles must fit. Simpson (1979) established that students having lived in smaller communities tended to reflect the kinds of values that attracted young women to nursing. Parental influence stressed tradition, family, helpfulness and religious faith which students were quickly able to incorporate into occupational goals within nursing.

Confirming relationships into demographic student characteristics does not appear to be reliable. Simpson (1979) determined that student backgrounds could not only be used to explain student choice to study nursing. She determined that there are some similarities that imply further research. duToit (1995) found few statistically significant relations from her study which she attributed to small sample size. Spikerman (1988) recounts the relevance of student characteristics in terms of the recruitment process. Recruiting students whose values can easily facilitate adaptation to the nursing culture will reduce the stresses and anxieties of role socialization. She questions whether there is a greater orientation to values of the professional model or the traditional model, each boasting significantly different role values for students to adapt to. Not only does value orientation differ but the recruitment strategies also vary. duToit (1995) indicates in her study that of the two university schools, each school had drastically different recruitment strategies reflected by their differing philosophies. It therefore becomes relevant to view many aspects of the process to gain an understanding of the whole.

Literature has revealed that viewing students engaged in the process of professional socialization, within education, involves navigating many paths. The influence that is bound in social and cultural traditions within nursing education significantly impacts on the process of professional socialization. Review of the literature on nursing education and professional socialization will reveal that program structure, process and content relationships provide a landscape for the individual to construct role orientation.

Nursing Education

Because the study of teaching and learning in regards to the process of professional socialization is fairly new to nursing the literature tends to show the characteristics of any new field. It is fragmented and dependent on study location, philosophical underpinnings of the school, researcher goals and the specific components of the process targeted.

It is evident when reviewing the literature on nursing education that there are many different philosophies and strategies for managing the teaching-learning process of student nurses. To review the broader scope of nursing education literature provides evidence that the education of nurses is highly dependent on the choice of college or university program and the nursing and education philosophy that dominates the school and directs the curriculum. Howkins and Ewens (1999) provide supporting evidence that curriculum model, course development, learning strategies and recruitment, all related to program philosophy, are crucial factors of the socialization process. The nursing and education philosophy are primarily guided by the norms, values and beliefs of curriculum developers who are usually faculty administrators and educators. Trends within literature and the academic community are also influencing factors (Bevis, 1989; Torres & Stanton, 1982).

Trends in the literature on nursing education provide evidence of the unrelenting persistence of nursing leaders to progress nursing on the occupation-professional continuum, originally introduced by sociologist Pavalko (1971). A walk through time reveals that nursing education is a focus of discussion but it has not been adequately researched to reflect the impact of change on the socialization of students. Changes within the philosophical and instructional approaches to nursing education have resulted from social, political and economic influences, all of which impact on education and the individual (Olsson & Gullberg, 1987). Gender issues related to the role of women in society, historical impact of religious and military traditions, labor market supply and demand and the dependent relationship of nurses on medicine have all been contributing factors to the division, changes and length of program fluctuations within nursing education (McGuire et al, 1983; Jutras, 1988; Baumgart & Kirkwood, 1990; Church, 1990). Recently, there has been a surge in nursing education literature attributed to the proposed and legislated changes to standardize university level education as the pre-requisite entry to nursing practice (Baumgart & Kirkwood, 1990; French & Cross, 1992; Glen & Clark, 1999; Olsson & Gullberg, 1991; Thyer & Brazeley, 1993; Chalmers, Bramadat & Andrusyszyn, 1998; Sellers & Dean, 1999). The struggle to upgrade nursing education to university preparation has been documented as far back as the early 1900's (Bevis & Watson, 1989). Encumbered by many influences, nursing education still remains divided between college and university preparation. As a result of research and policy action by nursing leaders to promote professional status of nurses and adapt to the changing focus of health care, nursing education within Ontario has currently challenged

legislative bodies to standardize entry to nursing practice at the university level of preparation (CNO, 1999; RNAO, 1999).

The goal of nursing education is to develop the nursing profession by clarifying the nursing role to students (Olsson & Gullberg, 1991). Inherent in this goal are aspects of professional socialization that facilitate critical pathways within the education of individuals towards the goal of qualified practitioner. Nursing education serves as the building block of professional socialization encompassing student, faculty and curriculum interactions, practical experience and internalization of professional values and beliefs (Hayden, 1995). The socialization process is referred to in education literature as the “hidden curriculum” (Bevis, 1989). Curriculum acts as a silent partner and supports the process of socialization. It includes skill mastery and development of behavior and attitudes that offer reward, approval and acceptance within the nursing profession (Ewan & White, 1984).

Program Structure

Philosophy.

A school of nursing philosophy usually addresses four basic elements; the nature of the client, the nature of nursing, what health is and the commitments of the school to nursing education (Bevis, 1989). The philosophy of education, or the school’s commitment to education, is usually generated from the nursing philosophy. It outlines; teaching and learning theory, classroom and clinical teaching strategies, beliefs about learning and patient care outcomes, fostering critical thinking skills and professional values (Oermann, 1999). It is tailored to the school and provides direction for structure, process and content of student learning experiences (Torres & Stanton, 1982).

The philosophy of a school encompasses the broader regulatory mandate of values and beliefs held by the College of Nurses of Ontario (CNO), although schools are not directly accountable to the CNO. University schools of nursing are obligated under the mandatory umbrella of the Council of Ontario University Programs of Nursing (COUPN) and voluntarily under the Canadian Accreditation of University Schools of Nursing (CAUSN). Approval of university nursing programs is one of the mandates of COUPN whose members are comprised of representatives from the CNO, Registered Nurses Association of Ontario (RNAO) and Deans and Program Administrators of Schools of Nursing (Code 247, personal communication, October 29, 1999).

To explore the process of professional socialization within a school of nursing, it is relevant to examine the model of nursing that reflects the philosophy. Frameworks and beliefs for organizing and interpreting knowledge define instruction and the interactions within the curricular models of nursing education (Bevis & Watson, 1989; Clayton, 1989; Purdy, 1994; Reutter, et al., 1997; Simpson, 1979; Walton, 1996). Simpson (1979) found that the adopted model outlines ideals encompassing the valued images and norms that faculty uphold and deem significant to pass onto students. Purdy (1994), Walton (1996) and Reutter et al. (1997) provide a comparative analysis of the theoretical approach to education programs within nursing. Their documents provide evidence that nursing education has adopted various theoretical approaches for classroom and clinical learning. They maintain that professional socialization requires a functionalist and interactionalist approach to acquire the norms, values and skills required of a competent practicing nurse. Purdy (1994) asserts that the rationalist approach, similar to the functionalist interpretation by Reutter et al (1997), believes that intrinsic value or worth of knowledge

and skill is totally related to the content. The humanist approach deems that context of the use of knowledge or skill determines value. Purdy (1994) claims that confusion in nursing education results from the idealistic humanist approach that learning experiences are planned to facilitate growth and developmental needs of the individual. The constraints of economic, political and institutional reality directs that programs cannot accommodate diversities of learning and tailored experiences, as well as providing comprehensive knowledge base and competencies required of a graduating nurse prepared to face licensing exams. Purdy's (1994) work is largely supported by his own philosophical convictions, is not based in research and reflects an opinion questioning the professional status of the nurses at the expense of education.

As a result of their qualitative, longitudinal study in a Canadian university, Reutter et al suggest that a progressive transition from a functionalist to interactionist approach will socialize students. Using ideal role orientations in the first year to real orientations gained predominantly in the clinical components of the second year, students gradually progress from passive learning to active creators and participants of their learning and socializing experiences.

The discussion on philosophical stance directing the program, within a school of nursing, is largely based on the interpretation of theory and how it is expressed within the various components of the program in terms of theory, practice and socialization. It would seem that philosophical considerations often exclude considerations of learner development and must strive to adopt a certain degree of flexibility when approaching strategies of teaching and learning. Similar to Reutter et al. (1997), the approach in many ways must be tailored to accommodate available resources, learner experience and

previous education. A transition period to establish the relationship of the learner within the education program would warrant some degree of passivity to initiate the socialization process through observation, doing, imitating, practicing and identifying (Sajiwandani, 1993).

While social and political influences were acting to change the structure, efficiency and effectiveness of health care, the forces of nursing leaders evolved to promote the professional status of nurses. Educators upheld that university based education would promote higher order thinking, increase the ability to conceptualize learning, take critical stances and apply learning to different aspects of nursing practice (Glen, 1995; Huff, 1997). Models of cooperative learning outlined by Glendon and Ulrich (1992) and Huff (1997) propose an interactive teaching strategy to promote learning through group process and problem solving.

Professional practice demands that nurses be independent, self-directed and capable of solving complex problems and making ethical decisions (Jarvis, 1986). These qualities, stepping stones of the socialization process, are built into the school program through strategic curriculum planning.

Curriculum.

Curricular models were questioned and explored as accountability for education shifted from hospital-based schools of nursing to colleges and universities in the early 1970's. This shift altered philosophy and models of nursing education from a focus on learning specific content related to the disease and illness of nursing specialties, to integrated content-process focus of health and holism (Torres & Stanton, 1982). The curriculum required development and organization to reflect the flexibility and adaptation of process.

Enhanced creativity and cognitive development replaced the scientific prescriptions of the content model (Diekelmann, 1988).

The Tylerian model of behaviorism, still a central theme of some nursing education curricula, is based on the assumption that knowledge or content translates into behavior (Tyler, 1949). Diamond (1988) interprets the beliefs of this model as simply knowing what is right means doing what is right. The behaviorist model clearly diminishes flexibility and an ability to accept and adapt to change in practical applications. The model determines that specific relationships of facts and principles translate into measurable and predictable outcomes. It does not account for changes and developments within nursing practice nor does it consider that individuals have biographies that cannot be forgotten or ignored upon entrance into nursing school (Diekelmann, 1988).

Viewing curriculum as a research driven process to question the essence of nursing significantly alters how educators approach curriculum planning. Phenomenology has been accepted within the realms of qualitative research methods. As a method of understanding student and teacher experiences, phenomenology has served to inform curriculum planning. This approach demonstrates the essence of nursing practice as the ability to understand meaning that individuals give to situations in which they are living (Diekelmann, 1988). Applebee (1996) offers his interpretation of an approach to curriculum that closely resembles Diekelmann's. According to Applebee, traditional curriculum is knowledge-out-of context. Knowledge is something that is acquired, transferred into behavior and later demonstrated in a specific context or situation. Knowledge-in-action, also referred to as curriculum as dialogue, asserts that knowledge extends beyond a set of facts. It is negotiated and constructed socially with systems of

meaning that relate to lived experiences that have actions, ideas, values and symbols (Applebee, 1996; Diekelmann, 1988; Clayton & Murray, 1989). Curriculum as dialogue is seen to promote diversity and nurtures a sense that individuals present with a past, present and future. Dialogue as a central theme alters the philosophy of teaching for educators involved in nursing education, a critical factor in the socialization process. Teachers, as equal partners fostering learning experiences, must actively listen and respond to students with a goal of understanding methods and strategies adopted by students in their experiences of becoming nurses (Diekelmann, 1988). Curriculum expands its boundaries beyond objectives and behavior to an understanding through dialogue and experiences.

Process: Instructional Methodology.

Process teaching employs strategies to enable students to become skilled at using knowledge by selecting essential content. Process teaching is logical and precise. It enhances cognitive abilities so students are able to apply learning to nursing situations. It is sensitive to student-assessed learning needs and utilizes human and material resources effectively (Bevis, 1989). Many of the examples of process teaching are directly related to socialization aspects of learning. Modeling is one example of process teaching that essentially demonstrates the goals of learning. It is described as observing and imitating an expert in terms of behavior, language, attitude or task completion with the expectation that the learner will receive feedback to be used for comparison and adjustment (Bevis, 1989; Taylor & Care, 1999). Simulation, brainstorming, demonstrations, return demonstrations and games are other examples of process teaching that promote integration of knowledge into useful practices (Bevis, 1989).

The duality of the nursing role is reflected in nursing education. It is essentially composed of two different settings where learning takes place: the classroom for theory and clinical for skill application. Rather than conceptualizing nursing education as two distinct entities, educators are challenged to integrate process and content and to integrate theory into practice as a way of thinking and knowing rather than merely doing. Literature is plentiful that describes teaching strategies to link the two areas effectively. Educators have questioned their effectiveness within the clinical setting and looked to research to correlate teacher behaviors with student learning and outcome (Benor & Leviyof, 1997; Harth, Bavanandan, Thomas, Lai & Thong; 1992, Karuhje, 1997; Krichbaum, 1994; Wong & Wong, 1987; Zimmerman & Westfall, 1988).

Studies reveal that students are able to learn and adopt cognitive strategies of reflection, critical thinking, team building, social skills, accountability and decision-making from process driven strategies used to solve complex problems within the classroom setting (Brown & Gillis, 1999; Glendon & Ulrich, 1992; Huff, 1997; Jarvis, 1992; Taylor & Care, 1999; Walton, 1996). A process strategy that integrates theory and practice is found in problem-based learning (PBL), founded by Barrows (1988). This process model facilitates learning through conceptual understanding, development of critical analysis and inquiry processes (Chaska, 1990; Glen, 1995). As a recognized methodology, PBL enables students to practice on case-study problems that resemble real situations by identifying learning needs, integrating prior learning and negotiating learning strategies and resources under the guidance of a teacher or tutor (Barrows, 1988; Glen, 1995). Students are socialized as colleagues who learn to value their ways of knowing, accept and critically analyze information and resources and accept and provide

feedback on learning outcomes (Heliker, 1994). This approach teaches students to be active participants in their learning, enhances cognitive thinking and develops strategies that promote life-long learning (Glen, 1995).

The search for meaning-the desire to grasp a problem to understand its significance, and to envisage solutions- is central in the present world. One cannot make sense of the overwhelming overload of information without the selective criteria provided by meaning.

(Botkin (1979), cited in Bevis & Watson (1989), p. 161)

The Person

Human nature is to feel comfortable with that which is known and which is predictable.

“People cling to ways of thinking and doing – their rituals – not because they do not care, not necessarily because they do not see the need for change, but often because what is familiar feels predictable and safe” (Marks-Maran, 1999, p.3). Occupational expectations are rooted in the socialization of children (Rindfuss, Cooksey & Sutterlin, 1999). These expectations and preferences are influenced by family preferences and behaviors often grounded in the tradition of social structures. Young adults enter nursing school equipped with absolute truths and certainty of what these truths mean in terms of preferences and behavior (McDonald, 1996). The product of their childhood socialization is framed within a network of values and beliefs grounded in past experiences. Values arising from personal experiences are learned and form the basis for behavior. Evolving from an internal locus of control, values are chosen and patterned from alternatives and consequences based on intellect and feelings. Value systems that inform behavior are cherished and affirmed as qualities of the individual (Schank & Weis, 1989). Dimensions

of personality are often evident in childhood and well established in young adulthood (Buckingham & Mayock, 1994).

Dallos (1991) suggests that people feel anxious and may even become angry when their values and beliefs are challenged. Beliefs are attached to emotional biases as products of earlier socialization. Encountering new social experiences provides challenges to make sense and create meaning of the experience in terms of what we already value and believe (Dallos, 1991). Kelly's (1955) philosophical stance emphasizes that individuals are thoughtful and knowing about their life experiences and play dominant roles in the formation of their own personality. As scientists we look for meaning in an effort to interpret, understand, anticipate and control our experiences. Orientations to the past are to interpret present experiences and make choices in anticipation of future events (Hjelle & Ziegler, 1976).

As the student navigates nursing education, the goal of professional socialization is that certain change dimensions will occur within the individual. These dimensions include changes in values, attitudes, level of commitment, professional aspirations, self-esteem, self-concept and the acquisition of new knowledge and skills (Arthur, 1992). While internal changes are on the horizon, external changes and restructuring of other products of socialization within family and social role structures have already begun (Bradby, 1990). Literature reveals feelings of anxiety, stress, feeling lost, bewildered, low self-esteem and dissonance amongst nursing students, particularly in the early stages of their education (Baxter, 1992; Bradby, 1990; Shead, 1991; Thyer & Brazeley, 1993). Day, Field, Campbell and Reutter (1995) revealed that students entered school with preconceived ideas of nursing and progressed through a series of stages including,

innocence, incongruity, psyching out, role simulation, provisional internalization and stable internalization. These stages closely paralleled school program years. Personal identity became clouded as confusion increased, especially within the first two years of nursing school. The sense of absolute truths diminished and students became very vulnerable, reacting negatively to external critiques of their new roles. This changed significantly in the third year where students were able to clearly express their perceptions and opinions of the nursing role.

Perhaps the most influential literature to view the person engaged in the process of professional socialization is Olesen and Whittaker's (1968) naturalistic inquiry of a university school of nursing students. Questions of student awareness and the integration and accommodation of the self and nursing roles brought attention to how students defined themselves within their evolving role. Consequences of their behavior became part of experiential role learning and provided a foundation for choices regarding future choices and actions. Student awareness was found to be determined from their history, their environment and their self-image. Interpretation of role and self-awareness is found in the observation of similarity between student background and role emphasis of the school. Students were found to influence their own socialization, "by manifestations of awareness" and utilized their awareness to gauge norms of relationships and evaluations of peers (Olesen & Whittaker, 1968, p.291).

Howkins and Ewens (1999) concentrated their study of socialization to graduate nursing students in Britain. They explored reasons for students choosing nursing and how students perceived their role using the framework of George Kelly's (1955) theory of Personal Construct Psychology. Their findings concur with Olesen and Whittaker's

notion that students were active in their role orientation. Students brought a diversity of values and beliefs to the education format constructed on past experiences and social context. Changes in role perceptions were varied. Students with previously sound role perceptions developed and expanded their self and role concept as a result of education.

Individuals navigating the process of professional socialization seek harmony within the boundaries of their personal and educational experiences. Value and belief structures are challenged to extend beyond the scope of their established frameworks (Jarvis, 1993). Value structures are subjected to scrutiny and objectified through interactions with others within the school. The dimensions of the process transcend the boundaries of the person and the role towards a new understanding of the person within the role of nurse.

While literature attempts to explain the intricacies of the dimensions of the process of professional socialization, research targets the interaction between the person and the role. The foundation found within literature provides insight into the process as a dynamic process. To access the inner dimensions of the process of professional socialization begs a methodology that leads inquiry into the deeper structures of personal meaning. Chapter Three will introduce this type of methodology found in the principles of sociological research by Max Weber (1962).

CHAPTER THREE: METHODOLOGY OR PROCEDURES

Overview

The purpose of this chapter is to provide details and information sufficient for replication. As such, and in the interests of any follow-up researcher intentions, a quasi-narrative approach has been used in this chapter.

Research into what it means to be a nurse from an individual perspective required innovative methods of inquiry. Strategies were employed to unravel the complex process of professional socialization in an attempt to understand changes that take place within the individual nursing student over the course of their education program. Describing and interpreting meaning that individuals ascribe to their role as it unfolds implored the researcher to invite students to participate as co-researchers. Using a process of description and reflection on events to ascribe meaning promotes an interactive process, cognitively and emotionally between the individual and the event, within the individual and between the individual and the researcher.

It was my goal to explore student awareness of the meaning ascribed to the role of nurse. As an educator of health professionals, understanding how students perceive their role as they navigate their education program provides insight into patterning and continuance of socially constructed behaviors.

Using Max Weber's (1962) principles of sociological research methodology, students engaged in a Bachelor of Science in Nursing program were studied. Discovering embedded meanings of behavior and how the various parts of the socialization process relate to student role orientation required analysis of documents, conversations and transcriptions, direct contact and rigorous validation (Neuman, 1991).

Throughout this chapter, philosophical dimensions, research design, instrumentation, procedures, data collection, recording and analysis, methodological assumptions and limitations will illustrate the obscurity and illumination of conducting qualitative research. Hart and Bond (1995) describe complex research as taking place “in social situations which typically involve competing values and complex interactions between different people who are acting on different understandings of their common situation and on the basis of different values about how their interactions should be conducted”(p.65).

Philosophical Dimensions

To describe and understand what it means to be a nurse from the perspective of nursing students engaged in the process of professional socialization, Max Weber's (1962) theoretical framework was employed. Working within this framework of interpretive social science involved learning what is meaningful to the students in their role orientation through reflection, interpreting and validating. Weber (1962) made use of a principle called *verstehen*, or empathetic understanding, to determine the meaning attributed to the actions of individuals. To understand how an individual creates meaning requires that the researcher probe the inner feelings of people to gain an explanation of the causes, course and effects of behavior (Weber, 1962).

The *verstehen* approach to interpreting data directs the researcher to achieve the goal of understanding using both rational and emotional means of obtaining proof. Rational proof is akin to explicit knowing, illustrated through facts and logical reasoning. We are able to rationally understand meaning if we are familiar with the facts and the means used by the individual to arrive at a certain goal. Weber (1962) equates the rational approach

of interpretation with a mathematical equation, $1+1=2$, where the number 1 represents facts, the plus sign the means and the number 2, the goal. However, fact and reasoning does not always facilitate understanding of the “ultimate *goals* or *values* toward which experience shows that human behavior may be oriented” (Weber, 1962, p.31). Rational understanding forms only one aspect of interpretation and may represent distortions or altered accounts of personal reality. Placed within a context of reflection to elicit past, present and future relationships, rational meaning becomes an object of understanding. It is classified as either actual or ideal depending on individual perception, awareness and willingness to embrace self-discovery. Conceptualizing meaning as an object of study enables the researcher to explore individual constructions that represent belief systems and individual experiences as they relate to the self, others and events (Kompf, 1993). It provides a means to link subjectively meaningful behavior to responsive behavior through interpretive understanding of values, goals and context. Emotional proof, illuminated through a reflective process, may reveal implicit or tacit knowing that renders empathetic understanding of meaning. The context of empathetic understanding provides the researcher with a method of inquiry into meaning that is shared between the researcher and participant. Empathy enriches the rationality of fact and reasoning by exploring thoughts, feelings and motivations as they are individually understood within the context of meaning. Directed by a process of discovery that diminishes the boundaries of purely rational fact and reasoning, meaning is elicited, interpreted and verified mutually between the researcher and participant.

Working within the framework of George Kelly’s (1955) theory of personal constructs, exploring how an individual constructs meaning facilitates explicit and

implicit understanding of criteria involved in judgment, preference and choice that guide behavior. Max Weber's (1962) use of rational and empathetic interpretations lead the researcher towards an understanding of individual behaviors and to determine underlying values and beliefs used to construct meaning. It is only when these factors are explicitly known that generalizations can be made as to why individuals within a group behave in a certain way to be defined as community.

Collectively, authorities of social research have determined the theoretical boundaries of the process of professional socialization. Presentation of normative standards assumes a functional relationship of a collective that leads to generalizations for aspects of individual behavior that does not account for individual value orientations and goals. Questions to determine the boundaries of professional socialization in terms of the individual student are difficult to determine when many aspects of the process are largely unknown. As a parallel to Weber's rational understanding using a mathematical equation, some of the numbers may be known but the means is unclear or the numbers may change according to the means, ultimately altering the goal. Certain methodologies may only elicit rational or explicit values through structured research designs that use the theoretical boundaries previously established. Williams Jr. (1979) asserts that individuals may differ only in the arrangement or ordering of values, not in the presence or absence of specific values. The patterning and consistency of values is based on ordered importance and forms of relationships developed through past value orientations. This patterning of values may be implicit to the individual and remain unrecognized. To effectively explore meaning that student nurses ascribe to their evolving role, the

approach to research must reduce boundaries of inquiry and encourage individuals to express their inner thoughts and feelings.

Pilot Studies

Research design in the two major studies of professional socialization was predominantly longitudinal and time and labour intensive. Olesen and Whittaker (1968) studied one nursing student class over a three-year period, the duration of this university program. The researchers of this study assumed that professional socialization was multidimensional, that participant attributes varied and student movement within the process was forward and problematic. Using ethnographic study design, the researchers gathered data from participant observation from the fall of 1960 to the summer of 1963. A series of questionnaires were administered to the core class and to classes preceding and following. Interviews were conducted on a random selection of fifteen students, (decreasing to twelve through attrition), from the core class at the beginning and end of the school year to verify impressions and test assumptions from fieldwork. Three established psychological measures were given to students when they first entered the program to determine public images of nursing and other psychological data. Some information was obtained regarding faculty norms and school structure. Major limitations of this study design revolved around extensiveness related to generalization and comparability. Researchers established that additional fieldwork was needed to validate findings generally about baccalaureate nursing students. Sample comparability was not established in this study however the researchers justified that the study could easily be replicated to simultaneously explore other schools. This would require an increase in project researchers, time, energy and funding.

Simpson (1979) maintained that socialization involves different dimensions that develop over time. Simpson's research goal was focused on the changes occurring in students as a function of time and if these changes persist beyond the education program. Determining the pattern and persistence of change would provide insight into directionality of the socialization process, the effectiveness of socialization within the education program and determine if aging is a dominant influence. Simpson (1979) advocated that cross-sectional designs would not reveal patterns of directional changes in individuals throughout the process, nor would it distinguish permanent responses to change from temporary adaptations. Before-and-after designs would demonstrate changes that have occurred but would not illustrate directionality or patterning of change and would not account for independent variables (Simpson, 1979). Problems encountered by Simpson (1979) using a longitudinal design were student attrition that created biases, confounding effects of aging and school experiences and repeated measures. (The same questionnaire was used for the students upon school entry, at the end of each academic year and after one year of work.)

Research Design

Qualitative researchers establish a research design based on theoretical assumptions that meaning and processes are crucial elements to understand human behavior (Bogdan & Biklen, 1998). Understanding meaning that students ascribe to their role as it develops may provide insight into aspects of behavior that develop and are sustained in nursing practice following the course of their formal education program. This type of study requires qualitative methods of data collection that are sensitive to events, perceptions,

values, and beliefs of students, faculty members and other significant members of the school program.

This research was a case study where a group of nursing students and faculty from one, Bachelor of Science in Nursing, university program in Ontario, Canada were studied. Over the course of the research, from June to December 1999, focus was placed on gaining an understanding of student awareness regarding their choice to study nursing and how they ascribe meaning to their developing role. The perceptions of faculty members were explored to determine if there was a relationship between student and faculty perceptions.

Ethical Considerations and Participant Access

Research with human participants requires ethical considerations and permission to access student participants. Ethical standards and principles are mandatory requirements when working with human participants. Working with student and faculty colleagues, the researcher was also compelled by ethical value guidelines of the College of Nurses including: well-being, choice, privacy and confidentiality, sanctity of life, maintaining commitments, truthfulness and fairness (College of Nurses of Ontario, 1995).

A proposal was submitted to the Brock University Sub-Committee on Research with Human Participants, June 14, 1999, containing an overview of intended research design, population and methodology, ethical considerations and risks and consent forms. A letter of permission dated July 23, 1999 (see Appendix A) established that the proposed research conformed to guidelines of ethical research at Brock University.

A meeting was arranged with the Associate Dean Faculty of Health Sciences-Nursing at the university to introduce the researcher and the proposal and to establish

appropriate avenues to gain access to students within the program. The proposal outline was submitted to the Chairperson of the BScN program and introduced to the Undergraduate Nursing Education Committee (UNEC) on June 29, 1999. UNEC is composed of the Chairperson of the BScN program, faculty administrators, student, community, and alumni representatives. The proposal was circulated to UNEC committee members and the BScN Chairperson returned feedback to the researcher. Student access was granted by UNEC upon submission of the final research proposal.

A letter was sent to the Associate Dean, Faculty of Health Sciences, Nursing outlining the purpose and brief overview of the research study in order to gain access to the faculty members at the faculty meeting scheduled for September 20, 1999. An invitation to attend the meeting was extended and faculty members were provided with study details. Faculty members were asked to participate on a volunteer basis by contacting the researcher directly or by email.

An email letter to each of the four Level Chairpersons facilitated direct access to students. I was invited to present study details to students during orientation sessions of the year that they were entering during the second and third weeks of September. I remained after the orientation sessions to speak with students and provide them with the opportunity to obtain more information. Students who decided to participate were then invited to complete a questionnaire outlining participant criteria (see Appendix B). Documents were completed and returned to the researcher to establish eligibility to participate.

Room bookings were established to accommodate student sign-up times and the administrative secretary posted signs on student bulletin boards. Students interested in

volunteering to participate in the study were provided with a letter of introduction, sign-up meeting information and researcher contact information. If students were unable to attend the sign-up meeting alternate arrangements were made at this time.

Procedures

Letter of Introduction

All students of the population were offered a letter of introduction to the study on Brock University letterhead (see Appendix C). I remained after the orientation sessions for each year of the program to provide students with the opportunity to review the letter and ask questions. Attached to the introductory letter was an invitation to a meeting or alternate methods of contacting me if willing to participate in the study (see Appendix D) The section at the bottom of this sheet was designed so students could leave their contact information with me if they were willing to participate but could not attend the general sign-up meeting. Some students in Y-III and most students in Y-IV chose to leave this information because of school commitments on the day of the meeting. Ideally, this bottom section would have been detachable or could have been printed on separate sheets of paper. It was at this point that I realized there were many aspects of conducting research that I hadn't thought of, many pertaining to clerical organization of paperwork and recording documents while in the field. After the first orientation session I listed all of the supplies that I would need to carry for subsequent sessions. Students were not willing to wait and spend extra time filling out lengthy documents. Simplicity and organization was a key to recruiting participants. I contacted all students by email the week after the orientation session if contact information was supplied to me. I was able to

organize a sign-up time for Y-IV students after one of their classes. Four Y-III students were met individually at mutually convenient times.

The same introductory letter was used for faculty members as students. Following a brief presentation at the faculty meeting, I indicated that I would be available after the meeting to speak with interested participants. All of the faculty members expressing interest requested that I email them to arrange a meeting time to explain the research tool and review the consent. I emailed the interested participants the following day and meeting times were arranged.

Consent Forms

Consent forms were designed specifically for Y-I participants (see Appendix E) and for faculty participants. The same consent form was used for Y-II, Y-III and Y-IV (see Appendix F-1). The consent form was designed to provide a brief overview of the study goals, to outline participant and researcher responsibilities, participant choices, how confidentiality of data and anonymity would be achieved, my contact information, the name and contact information of my supervisor and contact information for a study summary. Students met individually with me to review the consent form and ask questions. Students mainly asked about time commitments. I reviewed the times indicated in the consent and stated that they were approximate. I confirmed that each individual would ultimately have to decide for themselves how much time they were able to contribute and I would respect that decision. Copies of the signed consent were placed in sealed envelopes and placed in student mailboxes by the administrative secretary. The area where student mailboxes are located is accessed by student identification cards and restricted to faculty members, administrative staff, nursing and medical students only.

Faculty participants reviewed the consent form with me at the scheduled meeting. Two faculty participants commented that the second page of the consent (see Appendix E-1) seemed to be more student orientated only because of the sentence stating that participation would not affect studies. I agreed with this point and admitted that this detail had been overlooked. The statement in question did not prevent faculty participants from signing the consent although they indicated that they had questioned me in the event that I had given them the wrong form. A copy of the signed consent form was placed in a sealed envelope in faculty mailboxes.

Data Coding

A coding system was established to maintain anonymity of data. Numerical representations for initials in names and the program year were used to identify data. An “F” was used to identify faculty data in place of the program year. When I met with each participant, I inserted their code on the research tool and instructed them to avoid writing their name on the document. For documentation and interviews they would not be referred to by their name. I explained that the code was used so their name would not be identified with their data. I kept a list of names with code identifiers in locked files to facilitate contacting participants and to arrange interviews.

Selection of Participants

Population and Sampling Procedures

Student population included all students who were registered in the Basic Stream BScN program in an Ontario university in September 1999. Purposeful sampling was established in an effort to reduce bias and confounding variables. Criteria were developed

by the researcher to reduce the number of confounding variables and possible bias from exposure to other nursing programs or employment in a health care provider role. Typical sampling of students who had not derived meaning of the nursing role from experiences other than this education program would have significantly reduced the sample size. Some had completed one year of university in general arts and sciences. The majority of students had volunteered or had summer employment in a health care setting. Researcher inexperience may have attributed to unrealistic criteria and inconsistent selection of students that may have introduced some bias.

Design of the participant criteria questionnaire presented limitations. I realized the design problem when one student recorded previous education prior to entering the nursing program, while others circled their response with no explanation. It became evident that the questionnaire as well as being used to establish inclusion criteria could have accomplished significant data pertaining to student characteristics. Exclusion criteria could have been narrowed to those who were already Registered Nurses or Registered Practical Nurses and a comprehensive questionnaire would have elicited student characteristics and provided data that could have been integrated into the study.

Initial sampling included all students volunteering to participate in the study from the four academic years of the program. Students attending the meeting, signing the consent and completing the research tool were included as study participants. Sample size was set at ten students from Year I through Year IV with a goal of having eight participants per year complete the study. A sample size of eight students was attained in Year I (Y-I). Year III (Y-III) and Year IV (Y-IV) samples consisted of six students each. Year II (Y-II) student sample size was only one student. Three students signed the consent and obtained

the research tool, however only one student completed the document. Because of the small sample size I posted additional signs appealing for more participants from Y-II and appealed to students by email that had originally expressed interest. One student responded to the email but did not submit the research tool. Further research would be required to determine why the sample size was so small for Y-II.

Students were invited to a meeting, with lunch provided, where study details were discussed and students were provided with the consent to review. Each student met with me individually to answer questions, sign the consent and obtain an identification code. Students were asked not to write their names on documents and ensure that their code was clearly marked on their documents. Email addresses and telephone numbers were exchanged so the students and I could maintain contact should the need arise. I recorded email addresses for all students and permanent mailing addresses to provide students with a study summary that they could include in their professional portfolios. Students communicated with me primarily by email for questions, concerns and meeting arrangements. Students were provided with my email address and assured that I would respond to them within one day. Having had experience with students as an educator and as a student myself, I have learned that students tend to feel more confident in this type of relationship if they are able to maintain contact through email. The email arrangements worked very well and students regularly asked questions and responded to meeting arrangements.

Faculty population included all faculty members who taught nursing courses to students within the basic stream of the BScN program at the same university as the student population. All faculty members who had taught nursing courses within the

program for two or more years were included in the sampling. Excluded from the study were faculty members who did not teach nursing courses, such as those teaching health science courses or those who were involved in program administration and those who were new to teaching the program. It was felt that faculty members who were new to the program may not have experienced teaching different levels of students and may not be able to identify the various teaching methods that assist the students to ascribe meaning to their role.

The faculty sample was determined by asking faculty members to volunteer to participate in the study. I delivered an introduction to the study at a faculty meeting in September and asked for interested faculty members to speak with me after the meeting and take a letter of introduction to review. My email address was attached so interested participants could contact me anonymously. Several faculty members spoke with me after the meeting to arrange a time that I could meet with them individually to learn more about the study, review the research tool and sign the consent. Sample size was fixed at eight, similar to student samples and to facilitate time limitations for data analysis. Five faculty members agreed to participate in the study by signing the consent and accepting the adapted LifeMapping research tool. Four completed the required research tool. Signs were posted in the faculty lounge to attract more faculty members to participate without success. The small faculty sample size may constitute a study weakness however the four faculty members participating in the study did support extensive teaching backgrounds within the program.

Instrumentation

I employed three instruments for data collection: adapted versions of the LifeMapping document, tape recorded interviews, and a questionnaire.

LifeMapping Document

The primary instrument for data collection was the LifeMapping document, a paper and pencil instrument developed in 1998 by Dr. M. Kompf, Brock University. The LifeMapping document has been successfully used with students in personality and developmental theory courses within the Bachelor of Education and Master of Education programs at Brock University, St. Catharines, Ontario. LifeMapping has also been implemented as a tool for career, personal and family counseling, and employee evaluation, mapping career pathways and in avenues of student counseling. According to the author Dr. M. Kompf,

LifeMapping acknowledges and facilitates ownership in the elicitation, articulation and interpretation of an integrated, organized set of life experiences, the accumulations provided an enormous resource for not only making reflective sense of personal experience, but, if used as a journal/diary process, Lifemapping becomes a way to make deeper sense of the ongoing flow of events.

(Kompf, M. (1999). Master of Education Course Materials, Brock University, St. Catharines: Ontario)

This document facilitates research of individual meaning of experiences. Initial listing of events with dates provides a reference point from which the person will reflect on the event and describe as many factors related to the event as possible. From this description, an account of what was learned from the event is documented and projected meaning is

elicited from this focus on learning. Impact ratings for each stage of the surface, midlevel and projected analysis provides an instrument to measure interpretive significance and meaning of each event when it happened, within the current time frame and as anticipated by the individual in the future.

While clinical trials are still in progress, LifeMapping has been used with approximately fifteen hundred students within three separate courses at Brock University to increase understanding of personal development, learning and change. Students within the theory course of life-span development are required to complete a document with a person of their choice as the participant and then complete the document personally. Analysis of personal development is accomplished and existing developmental theory applied to supplement understanding and learning. This process was personally significant to me revealing meaning and relevance to event sequences, thoughts, feelings and behaviors. Although these events occurred perhaps twenty years ago, the mapping process facilitated discovery of meaning to origins of thoughts, feelings and behaviors. Looking through the window of development enhances understanding of meaning of events personally and professionally as they are analyzed from an objective viewpoint. It is for this reason that I chose to adapt the LifeMapping document as a research instrument to understand role meaning from a developmental viewpoint and learn how student nurses ascribe meaning to their role. Understanding this meaning permits a glimpse through the window of the process of professional socialization, from the person's viewpoint, utilizing the reflective process and subjective and objective analysis.

Permission from the author, Dr. M. Kompf was verbally obtained to adapt the original version of the LifeMapping document to be used in this study (see Appendix G). Adapted

versions of the document were submitted and approved by Dr. Kompf before beginning the research in September (see Appendices H, I & J). The Year I document was used for students beginning the program in September. Participants were asked to list and describe significant events that led them to choose to study nursing. Using a reflective process students interpreted their thoughts and feelings of these influencing events and project how they perceive these events will impact on the meaning for their nursing role. Themes and patterns from these documents assisted in the analysis of influencing factors for choosing to study nursing and elicited individual thoughts and feelings regarding perceptions of their role at the beginning the program. Year II, Year III and Year IV participants were asked to list and describe events within their nursing program where they have learned what it means to be a nurse. Completing the document provides the individual with the opportunity to reflect on their learning, disclose and interpret how the event helped them to ascribe meaning to their role and what meaning they anticipate the event will have for them in the future. Utilizing this data to analyze and interpret meaning from a subjective and objective viewpoint assesses how the individual student ascribes meaning to the role of nurse and how they navigate through the process of professional socialization. Actual accounts of events that help the students ascribe meaning to their role explores the notion of student awareness of why they chose the nursing role and how they perceive meaning of their role as it is developed within the education program. Understanding meaning, from a student perspective from each of the four years of the BScN program, will invite evidence as to how the process of professional socialization is accomplished in one university program from the individuals involved in the process.

Students were given approximately three weeks to return the completed documents with an established date two days prior to a long weekend. I felt that students might return home for the weekend and forget the documents at their home making retrieval difficult. A system was established with the administrative secretary in the program office where students could deposit their documents in a box. I collected documents once a week from the secretary. Instructions regarding where the students would deposit their documents and the expected date of completion were written on the front page of each document. Students were asked to notify me by email if there was a problem completing the document by the date required. Only a few students returned the document by the actual date and some emailed me to provide a date that they would submit it by. Most returned their completed documents the week after the date indicated by me. I was flexible with the return date because many of the students asked me prior to signing the consent if I would be willing to alter the date if they needed more time. I indicated that I would be flexible within a week but I also had timelines that I was expected to meet. The reality is that boundaries on time are essential. I felt somewhat obligated as a guest and researcher to be flexible because I needed the students to provide me with data.

The faculty version of the LifeMapping was adapted to elicit the perceptions of faculty members to describe the most important events used in the program to teach what it means to be a nurse. Following descriptions of the events, faculty participants were asked to rate how they feel that students would rate meaning impact at the time of teaching and how they ideally would have liked students to rate present and future meaning. This provides a real versus ideal impact rating and how faculty participants anticipate and rate the significance of this event in terms of meaning to students in the future. Themes and

patterns were analyzed to determine how faculty members perceive that students ascribe meaning to their role and if student perceptions are comparable.

Interviews

Participants signing the initial consent form granted permission for me to conduct a tape-recorded one-hour interview. All participants were contacted using email to arrange for the most convenient time for the interview. I selected the date that most students indicated they would be able to attend and arranged for the administrative secretary to ask for room bookings for those dates. I requested a room that was in the school of nursing and out of the flow of traffic to accommodate recording, minimize background noise and enhance privacy. The student interviews were conducted in the same room with the exception of two students in Y-IV who arranged an alternate time and date to meet because of school commitments. Their interview was completed in a quiet room in the library. Faculty participant interviews were conducted in their respective offices at a prearranged date and time. All students and faculty participants who had completed a LifeMapping document notified me that they were able to attend the scheduled interview sessions. All student and faculty participants completed the interview except two Y-I students, one Y-III and one Y-IV student. The interviewing took place for student participants the third and fourth weeks of November. This time was convenient to students because they had completed most classes and were preparing for exams. Faculty participant interviews were held during the third week of December because classes and exams were finished.

All student participant interview tapes were labeled with the corresponding program year of their education and the date the interview was conducted. Other tapes were

labeled with individual codes assigned at the beginning of the research. A friend of mine who owns a business support company transcribed all interview tapes. I originally started to transcribe my own tapes but found this task very time and labour intensive. Because I had originally planned to accomplish this task personally, I indicated to this person that this information was confidential and part of a research study and not to be discussed with anyone. She assured me that the information would be confidential and would be transcribed using earphones so that others working in her office would not be privy to the taped conversations. Transcriptions were then analyzed to explore data links, patterns and verifications of the LifeMapping document data and to extract actual accounts that pertained to research questions.

Student Interviews.

Focus group interviewing was conducted with all participants who submitted a completed LifeMapping document. Interviewing took place after data analysis of all LifeMapping documents. Analysis of document data took approximately two weeks. The interviews were planned to validate my interpretation of the themes and patterns extracted from document data and to encourage students to add to or correct my findings. Wilde (1992) quotes Benner (1984) as saying, “A sentence, for example, cannot be understood by analyzing the words alone. Rather, one understands a sentence as part of a larger whole, and interprets its meaning from the context in which it is found” (p.236). One of my goals in this study was to understand how individuals construct meaning of their developing role within the education context. Focus group interviews are particularly useful in this type of research to clarify certain domains and validate interpretations and findings (Strickland, 1999). I recognized the possible risk of researcher effects because of my own

experiences in the role of a nurse and wanted to eliminate as much bias as possible.

Conducting focus group interviews provided an alternate research tool to validate my interpretations and findings from the data gathered in the LifeMapping documents with the participants. Bailey (1997) refers to the use of different data collection techniques in a qualitative study as triangulation. If time and resources had permitted it would have been ideal to review the LifeMapping documents with each participant on an individual basis. I found that compared to the one Y-II interview, interviews for the other student participants covered broader dimensions, did not permit for validation of all findings nor did it permit individuals to expand specifically on their own data.

Although Strickland (1999) mentions the fact that group dynamics may introduce certain limitations to interview success, such as some members speaking more than others, censoring viewpoints, or interactions that are argumentative, I did not encounter these problems. These participants are used to working and learning within a small group format and seemed to demonstrate the concepts of effective group interactions. Although certain students were more willing to speak first in the interview, they did offer an opportunity for others to provide their thoughts and feelings. Some students did not agree with what other students had said but were confident and courteous in expressing an alternate point of view. As the moderator of the focus group interviews, I was also aware of group dynamics and have worked within small group discussions as a student and educator myself. Recognizing verbal and non-verbal cues, awareness of a silent member, synthesizing important cues within the dialogue to follow-up on or seek clarification were many of the skills that I was able to implement.

Interview format was semi-structured, conducted in a small room within the school of nursing. The tape-recorder was tested and I indicated to the participants that I would not be using their names in the interview and preferred if they didn't use each other's names while speaking on tape. Because this seemed to me to be impersonal I indicated to the students that names would be excluded to maintain confidentiality and I apologized for this aspect of the interview. At this time I could have also reinforced that anything said by their peers in the interview was confidential. This would have demonstrated to the students that I valued their free dialogue and confidentiality. I recognize that this could also be one disadvantage of a focus group interview. Even if it is mentioned that conversation is confidential, students may have experienced a breach of confidentiality and be aware that this has different meaning to each individual. I outlined the general format of the interview and said that if anyone did not want respond to a question they could say, "no comment" and I would respect their decision. If someone had to leave the interview I would stop the taping until they had left. The time boundary of one hour was realistic with most of the interviews lasting about one hour and fifteen minutes. I provided the prevalent themes and patterns that I had synthesized from the LifeMapping documents to the students and asked for their feedback or to expand on the information that they had provided (see Appendices K, L, M & N for interview outlines). This approach seemed to be very effective and would prompt students to respond to the data themes and elaborate on related themes.

Faculty Interviews.

Faculty participant interviews were organized and conducted individually. One faculty participant questioned having a focus group interview on the consent and

indicated that she would prefer an individual interview. I agreed to conduct individual interviews however I did not clarify this on the consent nor did I ask permission to alter this aspect of the study. Documentation developed prior to conducting the research should have been reviewed and clarified with the participants. This is a recognized study weakness that could be attributed to lack of experience. I would also maintain different file systems so that all documentation for individual participants was in one file. This would possibly prevent these sorts of oversights. Organizing data individually instead of using group files for different aspects of the research would have personally maintained an improved organization of papers.

Faculty participants were interviewed in their offices with the exception of one that was completed and recorded using a speakerphone. Dates and times were arranged using email. Data synthesized from LifeMapping documents was presented for validation and participants were asked to expand or comment on my interpretations and answer other questions to explore faculty perceptions (see Appendices O, P, Q & R for interview outlines). LifeMapping documents were taken into the interview so that participants could review what they had written if necessary. Following the first interview, the faculty participant commented that she would have preferred to have a copy of the interview outline during the interview to avoid question repetition. One of the faculty interviews was accomplished by phone interview, recorded using a speakerphone.

Other Interviews.

Interviews were conducted and recorded of three administrative people within the school to gain an understanding of some of the program structures that may affect the process of professional socialization (see Appendices S & T for interview outlines). These key

informants were interviewed based on: areas explored in pilot studies, on trends that became apparent from analysis of LifeMapping documents and from interview data. Consents and codes were provided for two of these people and tapes labeled with code information. Completing a consent form for the other person was an oversight on my part however verbal permission was obtained to conduct a tape-recorded interview and a code was assigned to the information and tape to maintain anonymity.

Official Documents

Official documents are often used to support research data, such as interviews, and may be in the form of: policy documents, codes of ethics and philosophy statements (Bogden & Bilken, 1998). Some of these documents provide factual details while others offer descriptions of how people think who were involved in their creation (Bogden & Bilken, 1998). Official documents in this study are used to support contextual dimensions that contribute to an understanding of participant data and provide some insight into education structures that frame the process of professional socialization.

Questionnaire

A questionnaire was developed based on what Olesen and Whittaker (1968) termed as role accommodation and what Simpson (1979) called occupational orientation. This concept explored student perceptions about the role of a nurse as compared to their gender role to explore value dimensions such as commitment and role identification. Exploring patterns of priorities may help to determine influences of external social roles that may affect the professional socialization process. Although the two pilot studies used in this study provided more depth and breadth of inquiry, I was interested to question

aspects of work and family expectations that may influence the process of professional socialization. Simpson (1979) linked student perspectives to work and family with how students viewed their patients. She found that students who placed family roles above work roles tended to view their patients holistically while those with the least holistic views were students who intended to put their career before family roles. Simpson's (1979) research also demonstrated that there was no direct correlation of work patterns to commitment, a link that she made to program influence. Students who planned to have nursing careers or not to work at all had the lowest level of commitment. For the group of students pursuing a career in nursing, commitment fluctuated significantly over the years of their education program, the lowest being in senior students. Simpson (1979) determined that these students viewed the nurse as having little authority in their role however they did endorse the concept of individualized patient care. She suggested that anticipated family roles altered the development of nursing role orientations to places in the nursing profession and their motivation for career type work patterns. The influence of the socialization processes within the education program has effects only through control of access to occupational goals. Simpson (1979) concluded that individually the process has very little influence on work patterns or on the relationship of the self to nursing work.

Although findings such as Simpson (1979) indicated in her study cannot be accomplished by one questionnaire alone, I wanted to explore the trends in priorities listed by individuals and relate these trends to other data synthesized from the LifeMapping documents and the interviews. Linking data in this fashion may indicate

patterns of awareness within individual students and illustrate how they construct nursing role and family role relationships.

The questionnaire (see Appendix U) was not part of the study from the beginning and student participants did not provide written consent. Before each of the interviews I explained to student participants that I came across another two studies similar to the one I was conducting that had included these types of questions to students. I indicated to students that they were not obligated to complete the questionnaire because I hadn't included it in the consent. Students said that they didn't mind completing the questionnaire and they understood that they had a choice not to complete it. I considered this to be verbal consent and made the judgment that completing the questionnaire would not breach ethical considerations. I asked students not to put their names on the questionnaire and return them to me prior to leaving the interview room.

Data Collection, Recording and Analysis

LifeMapping Documents

LifeMapping documents were distributed to all participants after they had provided consent to participate in the study. Instructions within the document were briefly reviewed and participants were asked to email me if they were having any difficulties. Questions from student participants were minimal and focused on applying impact ratings to the graph at the end of the document. I told students who were having problems with this section to leave the graph but to make certain that they had filled in the impact ratings within each of the three sections. The one Y-II student asked if events before entering the program and between year one and year two of the education program could be included. I indicated that my original intention was to include only those items within

education, but if the event could be related to an experience at school then it could be included.

Faculty experienced greater difficulties completing the LifeMapping document probably because of the design of the tool relative to the type of nursing program at the university. This will be discussed in detail in the analysis section. In retrospect, I would not use this LifeMapping document for faculty participants to access data for the research question pertaining to teaching methods and role orientation. Although completing the document presented difficulties for faculty participants, the data obtained from the document and the interviews was invaluable, perhaps because of knowledge that I gained about the program and because I was familiar with the terminology used by the faculty relating to the education program and the nursing profession. People unfamiliar with these two areas would have difficulty synthesizing data from the document to verify with the participants during the interview. Graphic representations of impact ratings were not completed by faculty participants however impact ratings were inserted in each of the three sections as required.

All documents were returned to the administrative secretary who placed them in a box that I had left with a note to participants to remind them not to place their names on the documents. I arranged with the administrative secretary to keep these documents in the box and I retrieved them weekly.

As LifeMapping documents were returned I read each one twice. I noted descriptive words in the margins of each of the events. When all of the documents were completed I reviewed my marginal notes and recorded a list of key concepts or patterns. Bailey (1997) indicates that this type of analysis of patterns is labeled “*in vivo*” because the

patterns are developed by the people participating in the study rather than by the researcher (p.159). I was careful to avoid imposing categories or patterns onto the data because I wanted to maintain descriptions and words used by the individuals to include in the verification portion of the interviews. Once all of the LifeMapping documents had been analyzed and patterns noted, I reviewed my original research questions to determine if patterns applied to the questions and what additional information I needed from the interviews. I selected common themes and patterns from the LifeMapping document notes that I had made and incorporated them into a question format so that students could verify that my interpretations were correct. I reviewed the pilot studies, in particular, Olesen and Whittaker's (1968) study, to format questions pertaining to my research questions.

Interviews

Interviews were tape-recorded using a small hand-held recorder. The type of tape recorder and the sound dimensions of the room used for the recording provided difficulties when transcribing the tapes. Tape quality was often very poor because the participants were sitting around a rectangular shaped table and the recorder was placed in the middle. For effective recording to occur the recorder would have to be placed directly in front of the individual speaking. This would interrupt discussions and distract me from what was being said so I moved the recorder only when people at the end of the table were speaking. The walls of the room were stone and voices would often have an echo on the tapes. Some of the participants were very soft spoken and the end of their sentences would fade on the tapes. I reviewed the first interview tape immediately after the session and asked subsequent participants to speak clearly and as loud as they could however,

once discussions began both the students and myself tended to forget that the session was being recorded. I would remember only when the recorder clicked off to signal the end of the first side. I would use a different method of recording interviews in the future. It would have been ideal to have another person attending to the recorder but introducing another person may have also placed some barriers to student discussion. I felt that the students were feeling comfortable with me and trusted me at the point of the interview. Although contact with participants was limited, many of them saw me in the halls or in the library and had communicated with me by email. Introducing another person who the students had not originally been introduced to may have altered the group climate and discussions.

Transcription of the tapes took longer than I anticipated because of the sound difficulties, the transcriber's efforts to produce quality transcriptions and her difficulty understanding terminology used in the tapes. Although understanding the terminology seemed to be a barrier for the transcriber I recognized the value. If the transcriber was familiar with the terminology on the tapes, especially those difficult to hear, she may have printed inaccurate interpretation for some of the words. The transcriber of my tapes did not try to interpret words but left marks to indicate that there was a word or words missing so I could review those areas for clarity. This required extra time on my part however I felt that transcription was more accurate. Review of the transcriptions was difficult at times because of missing segments that couldn't be clearly transcribed. Careful review of the tape was the only way to accomplish analysis of these segments which proved to be time consuming and tedious. Transcription data was analyzed to determine if original patterns and trends were valid. Areas within the text that provided verification

were marked or circled. Participant descriptions that provided verification or disagreed with my interpretations of the LifeMapping documents were marked for inclusion in the findings.

Faculty participant LifeMapping documents were more difficult to analyze. It seemed that data was provided in reverse fashion to what I had anticipated which will become evident in the findings section. I believe this was a problem with the adapted research tool and not the interpretation of the participants. I maintained the same style of document analysis as with student participants, using the interview to verify patterns and themes from document data. The first six questions of the interviews were directly related to data verification. The remaining questions, numbers seven to eleven asked of all faculty participants, explored some of the concepts from student interviews to compare faculty perceptions to those of the students.

Other Interviews

Interviewing administrative faculty members was accomplished by arranging appointments with brief explanations of the goal of the interview and a time boundary of one hour. I had spoken to one of the faculty members during the early stages of my research and she had offered to assist in my research any way that she could. After initial data analysis of the LifeMapping document I realized that exploring aspects of the curriculum structures would help me to understand some of ways that students derived meaning that had been identified in their documents. Interviewing this faculty member was approached with an unstructured format. Permission to record the interview was verbally granted, at which point I realized that a consent form should have been prepared for this interview. I could have also improvised by recording verbal consent when I

outlined the goals of the interview however I felt that I was too focused on obtaining the information instead of maintaining an appropriate research format. Preparing documents prior to beginning data collection would have guarded against this oversight and is recognized as researcher inexperience. Designing a generic consent form would have better facilitated interviews prompted by research data. I had anticipated spontaneity by always carrying a tape-recorder but had not anticipated documentation of consent.

I provided a verbal overview of the study goals. The interview began when I indicated that students and literature identified the clinical component of the curriculum as being a significant way that role meaning was derived. I asked if an overview of the clinical structures could be reviewed, for each of the four years of the program, including any changes that had taken place. My questions were prompted from information provided. The interview lasted about one hour and twenty minutes. The tape from the interview was coded in the same fashion as other faculty participants.

Arrangements for the other two interviews were organized to accommodate previous omissions. Consent forms were designed for the remaining two interviews and faculty codes were assigned. Interviews were structured. Questions were prepared for the participants to elicit information on recruitment and admission strategies, attrition rates and elective course trends of students from the program. These aspects of the program were discussed in varying degrees in Simpson (1979), Cohen (1981) and duToit's (1995) studies as having influence on the process of socialization.

Literature Search and Official Documents

Literature search was accomplished in many stages. I began searching the literature prior to beginning the research proposal. Determining a need for the study would partially be

determined by the amount of research and literature on the topic. I began my search in books from a university database using the keyword descriptor, “professional socialization”. From this entry I found that I was directed mainly to sociological concepts and the socialization of many occupations. This provided an historical perspective of how the process of professionalization began and how qualifiers of professional status were founded. This search also directed me towards literature on social work, classified as a semi-profession similar to nursing. Many of the issues and concerns of the nursing profession have also been challenged by social workers. I narrowed my focus by including the word “nursing” in my keyword descriptors. This provided me with the titles of books by Olesen and Whittaker (1968), Simpson (1979) and Cohen (1981) and Haas and Shaffir (1987). Other related references from these sources were recorded and pursued. I carried a multi-indexed note-book to record references and retrieve books and documents.

Medline database search with a date restriction of ten years provided an extensive listing of resources. Articles were retrieved from journals and reference lists consulted to obtain additional resources. Difficulties encountered with the literature search mainly involved the lack of direct reference to the process of professional socialization or the means of including professional socialization as an outcome or influencing factor but not a key descriptor in the study. For example, studies and articles on the benefits of role models within nursing education often conclude that role modeling is an important aspect of student socialization however key word descriptors often do not include professional socialization. I reviewed the original studies to assist in identifying some of the influences and used a variety of keyword descriptors that proved to be very time

consuming. It would have been beneficial to conduct a complete search of the literature before beginning the research, from a time viewpoint. A librarian also conducted a literature search because I felt that I needed to validate that I had obtained as much of the literature regarding professional socialization of nurses as possible. This search provided a few articles related to professional socialization but many I had already obtained.

Learning about curriculum theory and development for an independent study course provided me with some direction on what official documents I would need to explore within the program. A search was done of the library databases at two universities however I felt that I didn't have the time to complete a comprehensive search. Some of the references in articles obtained led to other relevant resources but curriculum structures seemed to be unique features of the various schools. I established the most relevant aspects of the school program to be focused on and proceeded to search the study site for those items. Most of the documents are made readily available to the public within the school itself by way of brochures and booklets. There is a cost for the current nursing student handbook and university calendar. Students are provided with a student handbook at the beginning of their program free of charge. Charges have been established for student replacements and these books are not usually provided to people outside of the program.

Questionnaire

Data from questionnaires was categorized according to program year of the student participants. The items listed to prioritize were labeled role concepts and average ratings for each of the program years were calculated considering the number of students completing the questionnaire. The results, although not totally accurate because of only

one student participant in year two, provided some idea of priorities of these students and certainly linked to other data within the LifeMapping document and interviews. The small sample size does not lend to generalizations but provides some interesting data that could be researched in the future.

Patterns and themes emerging from data collection, analysis and recording will be analyzed using the fundamental principles of Kelly's (1955) theory and relationships to research questions will be established and discussed. Actual accounts from participants will be included to verify findings and provide a contextual view of the process of professional socialization as seen through the lens of individuals involved.

Methodological Assumptions

I assumed from the onset of this research that application of certain methods of data collection would provide some understanding of the process of professional socialization from the individual student's perspective. Utilizing Max Weber's (1962) conceptual approach to interpret and understand how students derive role meaning in their education program directs the researcher to approach the data using both intellectual and empathetic understanding of the participants: their thoughts, feelings and behaviors that they describe. Weber (1962) describes, "To be able to put one's self in the place of the actor is important for clearness of understanding but not an absolute precondition for meaningful interpretation" (p.30). Having navigated aspects of this university program personally and being acquainted with some of the participants, I felt I was better able to place myself in the place of the participants. This may also introduce biases that are unknown to me. It was my goal from the onset of this study to remain as neutral as possible and represent the perspective of the participants to the best of my ability.

Researcher inexperience may have introduced flaws in the methods of data collection and analysis. I have made every effort to identify these areas or correct them as they have arisen and feel that they will not affect the findings and implications for this study. Flaws were primarily in document design that may have limited the data received.

It was the goal of this research to delve into the personal meaning that students ascribe to their role and the events influencing this meaning. For participants to share implicit meaning they must place their trust in the researcher to maintain measures of data anonymity. It was my feeling that this relationship was established in a short period of time and with few participant contacts. Therefore the data collected is presumed to be representative of participant inner thoughts and feelings that they were willing to share.

Participants may have provided data that they felt that I required instead of what they thought and felt about role meaning. The “Hawthorne or halo effect” in Vierra, Pollock and Golez (1998) and Bailey (1997), is an expectancy effect that means; participants may have provided data that they presumed I would need instead of what they actually thought and felt. Validating data by using more than one method of collection may have controlled for this effect and I felt that participant responses during the interview were spontaneous. Not all of my interpretations reviewed were valid for all participants and they were able to voice their objections freely during the interviews. Adopting the personological approach to interviewing minimizes biases and effects that may not be controlled for in the study. Providing the opportunity for participants to challenge my interpretations and participating in discussion concerning the data is a hallmark of this type of interviewing and develops a rapport between the researcher and participants

(Cherniss, 1980). Participants feel that they are in control of the interview and of the data that they are presenting.

Asking for volunteers for study participation may have introduced the fact that a select group of the student and faculty member population chose to participate in the study. These groups may represent an atypical sampling of the population, although this is difficult to establish without studying characteristics of this group compared to the individuals within the population of the school. Providing detailed characteristics of the study participants may have controlled for sampling characteristics. This was not done largely because Simpson (1979) found that student characteristics were not regarded as reliable predictors within socialization but exploring this realm may have contributed to descriptive properties of the study sample. The fact that there was only one male student involved in the total sampling of participants may have also introduced certain gender biases that were not anticipated by me in the study. When study design was considered I did not intend to incorporate gender issues into the study because of limited time. This aspect would have introduced additional techniques that I felt were not within the scope of this study.

Focus group interviewing for students may have influenced how students responded to data validation although most of the students were used to working in small groups and seemed to feel comfortable enough to disclose thoughts and feelings. In the Y-II interview where there was only one student the extent of the discussion was greater but I did not feel that the data reviewed was more or less significant or reliable.

Descriptions in some areas of this study are vague and often cannot be explained. Predetermined categories were not established and some interpretations and descriptions

were intuitively selected. Patterns and themes emerged from the data however patterns may have been present in the data that were not chosen to validate with participants nor include in the study.

I cannot explain factors of the relationship that I was able to establish with participants. I felt a mutual trust and collegial relationship including a very strong commitment from participants to the study. I was not personally or socially involved with any of the participants and access to special knowledge was not sought through friendships. I felt that the relationship established between the participants and myself minimized biases, effects and study limitations and enhanced the quality and quantity of data.

Methodological Limitations

Pilot studies regarding professional socialization of nursing students have involved more extensive research in terms of time, number of researchers and resources. They have been longitudinal in design and included a larger sampling of the student population for at least the duration of their education program. Factors including detailed population demographics and characteristics, success and attrition data have been included in these studies that were not included in this study. Qualitative as well as quantitative findings were also included in these studies. Data collection and verification was accomplished between expert researchers that may control for data biases and differences in interpretations. Data findings for these studies were generalized and compared to other student populations and cannot be done using these study findings because of the small sample size and the use of sampling from only one nursing school.

The LifeMapping data collection tool, although used in similar study formats, was adapted for this study and not tested with a sample of similar participants prior to using within the context of this study. The document itself depended on the ability of participants to navigate a reflective process and required that they approached the document with the intent to expose aspects of their private domain that ultimately only the individual will know to be true. Variation in details of descriptions within the document could be considered a limitation to data collection although participants were invited to elaborate during the interview.

Limitations were evident in the adaptation and use of the LifeMapping tool for faculty member participants and difficulties were encountered completing the document as stipulated. This may have also affected the number of faculty members who were willing to participate in the study because of the time commitment. Participants adapted the document to their own interpretation for completion that made analysis of documents and interviewing techniques individualized and not consistent. Although this may have presented as a study limitation for faculty member participant data, I individualized the initial portion of the interview and standardized the last portion to maintain some consistency of questioning. A technique for data analysis in reverse to that originally planned was utilized that will become evident in the findings. Inexperience adapting to problems encountered may have limited the quantity of data elicited however I felt that the quality of data was not compromised.

Use of the questionnaire priority rating scale was not pre-tested prior to use within this study context. I felt that it was a collaboration of role concepts used successfully in other pilot studies and would constitute a reliable tool. Because of the small sample size

of Y-II participants, it did not allow for an average rating to be calculated. This produces a limitation in overall comparison of results because the number of students participating in the other three years was consistent at five and six.

I accepted the privilege entrusted by this research to search the repertoires of thoughts, feelings and constructed meanings of baccalaureate nursing students and faculty members in order to gain an understanding of the process of professional socialization. Equipped with the goal to learn more about the person inside the nurse, within the process of professional socialization, research questions were designed to guide the process. Representation of the findings will be supported by anecdotal quotes from student and faculty participant LifeMapping documents or interviews. Validation of my interpretations of LifeMapping themes and patterns was of paramount importance to me as a novice researcher. Demonstrating the essence of connectedness of meaning in my role as researcher and nurse, I felt bound to participants by personal and professional values and beliefs.

The disconnection of the self from its relationships and the separation of the public world from the private world define the realm of human activity that can only be maintained as long as someone cares about the relationships, takes care of the private world and feels bound to other people (Smeyers, 1999, p. 237).

CHAPTER FOUR: FINDINGS

Introduction

“In the steady continuum of history, we meet a divide between public and private events. Shifting from one to the other, the discourse changes. Even the tone of voices when entering the world we call private, slows down, drops a scale and perhaps softens” (Griffin, 1992, p.33; cited in Watson, 1999).

The following two passages are accounts from Y-IV students about whether they think that students are engaged in the process of professional socialization while navigating the journey of their education to become a nurse.

You learn how to be nurses from the nurses. You learn what it is to be a nurse from the nurses, but you also choose to reject part of what that is. A lot of nurses are like, oh why did you go into nursing? I'd never choose this again. You know, it's a real downer professionally, but I personally choose to reject that and find my own positive within it, but I do learn about what it's like to do the role and be part of that team from them because where else are you going to learn it...I think you learn skills and the values too. I think it's the negative attitudes that I reject. I adopt some of the positive attitudes of positive nurses

(17414 Y-IV, November 24, 1999).

I think nursing school does contribute to the professionalization of students. Nursing school presents an ideal of nursing. I think students experience a reality shock in their clinical placements, be it in second year, third year or fourth year and there's a process of bringing those together and I think as a graduate from this program you

realize that the reality is not the ideal you got in nursing school but you have the skills to envision and to try to work towards that ideal

(23414 Y-IV, November 25, 1999).

The preceding two excerpts are taken from interview accounts of Y-IV students and form the substance of this chapter and the nature of this research. An account of the quiet, soft voices of individual participants describes how individuals ascribe meaning to the role of nurse. These representations were collected within a snapshot of time but individual descriptions have evolved over a variety of years. These descriptions correspond to significant events that have contributed to role meaning for participants.

A brief introduction of student and faculty participants provides a connection of people to findings. Study sample size was set at 32 participants, 8 students from each of the four years of the program. The population of the Basic Stream BScN students registered in the program is 383. Actual numbers completing the consent, LifeMapping document, interview and questionnaire (survey) are illustrated in Figure 1. From the anticipated sample size of 32, participants signing the consent totaled 27, participants completing the LifeMapping document totaled 23 and those completing the interviews, 17. The most significant sampling shortfall was Y-II. Interest from students following my first presentation was minimal and numbers did not increase.

Student participants were all registered in the BScN Basic Stream program. The Basic Stream of the program is four years in duration. Participants had applied to nursing school directly from secondary school, after completing one year of university in another faculty, had worked in other than health care facilities between secondary school and nursing school or had completed a degree in another faculty. Details of participant

characteristics were not explored and constituted a study weakness. Many of the student participants had volunteered in health care settings; many were employed in summer and part-time jobs, a few had participated in health care related cooperative placements during secondary school. None of the participants had previously worked in the role of a nurse or studied the role of a nurse in school prior to registration in this program. None of the student participants had been required to repeat nursing courses within the program.

Student participants were female with the exception of one. Characteristics of the sample were not included in the study so gender was not an area that could be explored. Although gender has been documented in literature as a factor having significant impact on the nursing role it was beyond the scope of this study to explore gender influences.

Faculty member participants were drawn from faculty members who had taught Basic Stream nursing students in the program for two or more years. Sample size was set at 8 from a total number of about 35. Volunteers signing the consent were 5 with 4 completing the LifeMapping document and the interview (see Figure 1). Faculty members completing the LifeMapping document were currently teaching the following student groups: one taught Y-I and Y-III students, one taught Y-II and Y-IV, one taught only in the clinical component and one taught Y-I clinical and nursing courses. All of these participants have taught in the nursing program for greater than four years.

Presenting the findings of participant role accommodations will be accomplished in two sections: Section I will return to research questions to explore if student participants are aware of why they chose to study nursing, some of the influencing factors, if students are aware of changes occurring to them and strategies employed to cope with these changes. Faculty participant findings will include faculty member's perceptions of

strategies used to teach meaning to students and some of the factors they believe influence role meaning to students. Actual excerpts from LifeMapping documents and interview accounts will follow in Section I. Explanations and descriptions will appear prior to or following these accounts. Section II will explore official documents and the questionnaire findings to determine if external structures have an influence on role meaning for individual students. Included in this description will be an overview of the education program that the student participants are navigating.

Section I

Self-Awareness

Are students aware of why they chose to study nursing and the factors influencing their choice?

“At the cross-roads...we cannot stop and wait because we are pushed forward by life...what are we going to freely decide?”

(Teilhard de Chardin, 1959; cited in Watson, 1999, p. 3).

Values are learned and developed through experiences that are described, discussed and evaluated by the individual. They serve as standards or criteria that guide our choices, actions, judgments, attitudes and anticipations (Rokeach, 1979). Occupational choices are dependent on awareness of actual personal and job circumstances and of perceived opportunity for value realization. These values and beliefs are primarily managed by a driving force to interpret, define and anticipate behavior in specific situations (Williams Jr., 1979). Kelly (1955) believes that individual choice is guided by perception, interpretation and understanding of life events that allow us to order our values. Through a system of prediction, testing and modification individuals structure

values based on anticipated outcome. Differences in individuals do not necessarily mean the absence of certain values but a differing arrangement or ordering of values according to their life research. Reality is determined by an ability to test, understand and interpret meaning of events and experiences against value systems to detect similarities and differences between objects and events. The dimensions of these interpretations are characterized by descriptions of what Kelly says are bipolar extremes; good and bad, intelligent and stupid (Blowers & O'Connor, 1996). For a person to say that something is good they must have a perception of bad.

Individuals construct their own subjective and individual meaning systems that both relate to the social world into which they are born and which also reflect their own history and biography. "As society becomes more complex, each person's biography is likely to become more unique and people become more individuated...it is objectified meaning that is transmitted across the generations and between people and learned in early socialization and throughout the remainder of the life-span" (Jarvis, 1993; p.94).

In the LifeMapping documents, Y-I participants were asked to describe, discuss and rate the ten most important events that led them to choose to study nursing. Using student descriptions it was determined that family, liking science and role image are the influencing factors that led these students to choose nursing. Interview confirmed that family, science and volunteer work were the most significant factors influencing their choices. Passages from LifeMapping documents confirm these influences:

She always managed to get me interested in her topics and to help with her projects. I enjoyed that aspect of her job somewhat and that contributed to my decision. (Mother is in health care related employment and taking courses)

In highschool, I found that I enjoyed science. It became one of my favorite subjects, and I took every science course available in highschool. Because of this, combined with my love for working with people, nursing made sense.

I learned that there was a connection between my goals and my strengths and likes. It was a relief to have them match up (Code 24119).

My nanny was a nurse and even though she didn't teach me any nursing skills, her influence did have an impact on me. I learned the qualities I want to have as a nurse from her. I will never forget my nanny and the person she was. I will always try to apply her selflessness, caring and hard work to my practice. This event did effect me because I know what type of nurse I want to be. A good one! (Code 819).

I learned of my love for biology. Hands on involvement was much more exciting than learning from a textbook. I also learned that I was not squeamish around blood and internal organs (Code 15126).

My Grandma and I looked through her old trunk in the basement and she showed me her mother's nursing pin, her nursing cap and her own nursing syringe. I listened to stories about nursing school and the songs they sang and I knew that I wanted to feel that pride some day soon (Code 914).

Many of these students describe that they have tested their occupational choice through volunteer work or employment in health care related settings.

I volunteered at my community hospital in search of my future career. I was impressed with how patient & understanding the nurses always were with me & my questions (Code 15124)

Working in Elementary School Office. I started my volunteer work in the school office in grade seven. My first job was to answer the phone, take messages and photocopy. In the second year of the job I was allowed to help with injured children in the playground. That included cleaning up cuts and scrapes and giving out ice to bumps (Code 819).

Student participants in Y-II to Y-IV were asked why they think they chose nursing, in their interviews. Most students felt they had chosen nursing because of “wanting to do something in the sciences, wanting to work with people, just one of those things that was always there and doing something I like to do in my life that makes me happy.”

Evidence of the bipolar thought processes discussed by Blower and Connor (1996), when referring to Kelly’s concept of individual understanding, is seen in two student descriptions of their choice to study nursing:

I remember when I was picking in the handbook what kind of faculty I wanted to go into. I didn’t want to go into business. I wanted to go into something with science. I didn’t want to touch anything in math and I was doing something in volunteer in a children’s program so I thought maybe nursing is something that I want to go into (Interview Y-IV, November 24, 1999).

One of the guidance teachers came up to me and said, oh you want to be a gym teacher. I said, what? Because I hate gym! And she said, yeh that’s what kinesiologists do, they teach gym. I thought, oh my God I can’t do this, because I hate gym. The application had already been sent, it was the day before the deadline. I had to call Kingston or wherever they were. Just change it, to what? I sat there and listed

my strong points and knew I wanted something in science, I said nursing, nursing (Interview Y-IV, November 24, 1999).

Simpson (1979) found that certain arrangements of role options tended to predict that certain individuals would seek out nursing and these role options are determined early in life in the socialization process. Her study also indicated that behavior expectations learned prior to entering nursing school were used to inform behavior towards their occupational role but others were discarded or set aside.

Students participating in this study have provided accounts that indicate an awareness of specific events happening very early in their life and a notion that these events had a significant impact on their choice to study nursing. No single factor was responsible for their choices although factors were linked in thought processes and tested through related volunteer or part-time work. Early events were primarily in the form of child's play, following family tradition and knowing someone who was a nurse. The most common reasons that all students have given for choosing nursing is an interest and enjoyment of science and a desire to work with people. Individuals were aware that their ability in science and their desire to work with people influenced their choices to become nurses. They have assessed their actual abilities and matched their thoughts and feelings, some reflecting back to the early ages of five and six. To test their choices with reality, many took the opportunity to test and apply their values and beliefs through related volunteer and part-time work activities. Having tested their hypotheses, individuals have determined that perceived value structures could perhaps be realized in the nursing profession. Many anticipate the role of nurse with information other than the stereotypical role image that is portrayed within society and the media. Olesen and

Whittaker (1968) indicate that each individual begins the nursing program with a unique perspective in reference to the attributes and qualities needed to fulfill the role of nurse. Awareness of the profession and the self within the role is affected by this perspective and to a certain extent will affect the way an individual will navigate the program. Study conclusions indicate that students actively participate and make choices within the socialization process. To some extent this is true however there seems to be a variation of awareness and choices made prior to engaging in the process of professional socialization that may affect the degree of participation and choices made within the program. Howkins and Ewens (1999) found that students brought individual constructions to the education program based on their own past experiences. Social context influenced personal constructs but the diversity of values and beliefs seemed to hold greater influence within the process of professional socialization.

It would seem that exploring events and meaning of events that students describe as primary factors influencing choice of occupation suggests that individuals have varying degrees of awareness of themselves and the values and beliefs held within the occupational role choice. Olsson and Gullberg (1991) state clearly that, "During socialization into a professional role a person must be aware of what the role means in relation to expanded attitudes and patterns of behavior as well as losses and gains or other things which shape the role in a negative or positive way" (p.31). Some students in this study seemed to have gained some degree of awareness of the nursing role through their volunteer or part-time work. In spite of the sense that this role does have negative and positive aspects, individuals seem to be aware of the need to test their hypotheses concerning their values and beliefs regarding their occupational role choices.

Working in the Hospital opened my eyes to Nursing. It was no longer the glamorous job I had envisioned but a duty that certain people seem drawn to do.

I got to see every part of the hospital and nurses' working day in and day out. I saw the good with the bad and still wanted to do it (Code 914).

In high school I was a volunteer in a hospital mostly on a recovery floor and in a nursing home, so I knew basically what I was doing but until I was actually doing it, it didn't seem real (Y-II Interview, November 17, 1999).

I think with me I wanted to work with people and I wanted to do something I would be happy with. I volunteered in a hospital at one point and I loved working in that environment (Y-III Interview, November 29, 1999)

Education programs within secondary school education now offer the opportunity for students to integrate a sense of reality with the idealism of childhood role-play and dreams. This adds a dimension that could have been pursued within the selection criteria of the sampling to determine the extent and details of programs and work explored prior to entering nursing school.

Are students aware of changes in themselves over the course of nursing school? What strategies do students employ to adapt to these changes?

In every situation, there is a possibility of improvement; in every life the hidden capacity for something better. True realism involves a dual vision, both sight and insight. (Pearson, cited in Jensen, 1992, p.9).

Students were initially asked in their interviews if they thought they had changed in the time spent in nursing school. An account of some responses illustrates that students were very aware of some of the changes in themselves that had occurred since the

beginning of nursing school. Their responses provide some insight into their view of themselves in relation to others within their developing role. I was able to see that expressions of change seemed to progress from the Y-II account of the self to the Y-IV account of relating the self to others. This extension of self, according to Kelly (1955), is an indication that construction of role meaning is incorporating into the individual's value structure, a sense of internalization of role values and beliefs.

More confidence in myself. Last year I was always a quiet person all throughout school but I've found that I open up more. I guess it's the whole idea of small group learning which has really helped me to feel comfortable to speak up. I've found my direction. It feels like I know where I'm going. I know where I'm going to end up in 3 years. It's no longer a foggy haze where I'm going to be. It's now a definite fact (Y-II Interview, November 17, 1999).

I think I'm less judgmental of people now, because I used to be and I may still be to an extent. If I have a patient and say that patient provides a variety of things that are not totally of my values and beliefs, prior to getting into nursing I would have been I don't want anything to do with you, type thing. Now I'm more or less okay and I can accept you, I can put my values and beliefs behind. Everyone has their own system and I realize that now and I think that is kind of important.

I learned a lot about myself becoming more tolerant with people and becoming more tolerant about myself. The skills that I'm learning in nursing and transferring them back to myself.

Not being so judgmental. Although it wasn't more for me to refrain from placing judgment, it was more acceptance of my own self, of my own goals, reflecting on my goals (Interview Y-III, November 29, 1999).

I think I'm way more sensitive to other people's feelings now, a lot more sensitive. Just knowing the kind of things that people are affected by and knowing that that's possible just makes me think about everything I say to people. I help people problem solve a lot more too. People, I don't know if they do it a lot more now that I'm in nursing, they turn to me for advice and it feels like counseling, like I'm always helping people and they're always telling me their problems and I'm always trying to help them work through it.

Definitely whenever I'm talking to someone whether it's just a friend or someone, I'll be like reflective listening using all of my communication skills, asking open ended questions (Y-IV Interview, November 24, 1999).

Generating new insights and ways of looking at experiences are incorporated into actions once meaning has been construed. We change, improve and elaborate on a concept or experience based on the meaning derived (Dallos, 1991). Students have constructed meaning in relation to the value of learning communication skills and believe that this concept will enhance a view of themselves in their new role. Once meaning is construed for the individual they are able to extend this meaning to incorporate and extend their skills to people within personal and professional roles. Testing these skills on friends and peers will assist students to construct an image of themselves within their evolving role and further define their value structures.

In their study, Olesen and Whittaker (1968) determine that students became aware of the changes in themselves when they viewed themselves through the lens of their evolving role. They attributed self-awareness and role development to the school's program that emphasized awareness as a core concept of the nurse's role and to the ability of students to demonstrate to faculty and peers they were aware of their role image. Awareness of change also involved a willingness to view and question themselves in relation to their former image, their current image in relation to their peers and to their anticipated image within their nursing role. Students in Y-II, Y-III and Y-IV were clearly able to demonstrate awareness of themselves within their role through descriptions in the LifeMapping documents. Some of the students describe change as being negative while others describe experiences that are very positive. This excerpt is from a student in the second year of the program describing the clinical exam at the end of the first year:

I had to take vitals & do a respiratory assessment & for the first time there was no one to help me. If I did the B.P. wrong I would receive a false number. Suddenly, the idea of accuracy and consistency seemed very scary! (Code22225).

The following is a description from a student beginning the third year of the program. It is entitled, "Connection" and refers to an experience in the second year of the program:

I had been on the ward for about 2 months when I met this wonderful lady. I was taking care of her like I normally did (morning care) and we got to talking. I visited her for the rest of the 2 weeks she was in the hospital. After she was released she sent me a card saying I had made a difference and she wanted to thank me! It was the greatest feeling in the world.

I learned that taking that little bit of extra time to sit down with a patient can make all the difference in the world. Listening to them and giving them empathetic support can help the patient real tremendously.

This event proved to me that taking the time to get to know a patient can bring a world of difference to the patient as well as the nurse. I realize though that there can be a point where I can get too attached to the patient and this would not be the best idea (Code 7323).

The next description is from a Y-IV student describing a clinical experience in the second year of the program. Within this student's LifeMapping document, descriptions reveal role awareness development in relation to birth, death, privacy, role conflicts, collaboration and teamwork. Over the descriptive analysis of the situation this student has progressed from an inner focus, extended feelings to another and has completed the relationship of self within the nursing role for anticipated events in the future. Reflection on this situation prompts a rating that becomes increasingly positive because professional meaning is attached to this experience as meaning bonds the self and the evolving role. Based on this experience, the student was able to anticipate future experiences that may be similar to this one and understand role meaning based on the values and beliefs that she has constructed as a result of this experience. Categorization of experiences may parallel feelings and value structures.

I had an 18 year old male patient in pediatrics who I had to shower. I had to shower him in a very small room and this was my first clinical experience with bathing a mature adult client. Again I learned the meaning of professionalism because the tiny shower experience was obviously a bit uncomfortable for both of us. But...we have to

make the most of situations we are put in and do our best to help others despite our own feelings. I think I will be able to look back at my situation with this client the next time I feel uncomfortable with an intimate nursing procedure, and realize that “this is my job” and that nurses are special people to help others (Code 17414).

Students reflect on awareness of change individually and when it occurred in the program:

You know that your focus is nursing. It changed when I started second year when everything comes more into - oh so that's more into nursing, like before it's kind of superficial. It's like I'm going to be a nurse, that's all I know. That's a specific role of what my vision will be but it changed to okay there's more to nursing, there's communication skills, assessment skills and all the other medications. I didn't think about that much at the very beginning (Y-IV Interview, November 24, 1999).

I don't know if my opinion of nursing has really changed so much as just developed because I think I had an idea of what nursing was the first year and when I went into clinical it was what I thought it would be and then you focus on your skills and maybe sometimes the skills would be, oh I didn't know I would be doing that. You kind of accept it as part of your role. In fourth year, now that I deal with more and feel more confident in dealing with families more and doing the whole role, doing everything, I think it's kind of hit me more, this is really nursing, this is the whole shebang, all of it (Y-IV Interview, September 24, 1999).

For my second year I felt like I needed to know everything or else I'm not going to be able to do it and that was a really bad experience for me.

Second year when we first got thrown in there, you have no idea. We didn't know how to talk to nurses on the ward (Y-III Interview, November 29, 1999).

Third week. It finally felt more comfortable. First and second week were pretty bad. I was on pins and needles most of the time trying to figure out what am I doing here, what am I saying? Not until the third week feeling comfortable actually going in and say, good morning, how are you? Just being there and wearing a uniform, it really felt different (Y-II Interview, November 17, 1999).

Students are aware of changes occurring, one student labeling change as development. They are able to pinpoint that one of the most significant changes occurs when they are placed in the hospital for their first clinical experience. For Y-IV students this occurred in their first year while Y-II and Y-III students began clinical placements in the second year of the program due to curriculum changes. Y-IV students explained that they were the last students to go into a hospital setting for clinical placements in their first year.

Nursing skills. Began first hospital experience on medical ward and found that I didn't know what to do and could not perform basic skills. I feel that I have learned that I have many skills yet to learn. I am not sure how or when I will learn them (Code 24324).

Hospital 2nd year. The first time I walked on to a hospital ward I was scared. I didn't know what to do or what to ask the nurse so I felt I was in the way. The nurse didn't really help me and kind of got upset when I said I didn't know how to do a bath and I was observing. It was a discouraging day (Code 24324).

1st Clinical Day. My first clinical day taught me how to deal with people on a very intimate level. Bathing another person forced me to be mature & professional. I also learned how it feels to be completely “new” at something (Code 17414).

Year 2. I had to catheterize a patient who is the same sex as me. It makes me feel like a gay/lesbian (Code 1448).

Encountering experiences that have intimate relationships to values constructed socially tend to challenge, not only the values and beliefs of the students, but their coping mechanisms. Jacox (1978) describes the conflicts that students encountered when they tried to sift through their professional role image. Her study revealed that students must identify themselves as student and nurse simultaneously. They were forced to cope with fear of making mistakes, the frustration of differing values and beliefs, feeling inadequate in various situations and authoritarian attitudes. Quite simply, it appears that students describe a sort of discussion that takes place between themselves and their role image. They challenge their value and belief systems in a test to decide where their image fits within the role.

What strategies do students employ to adapt to these changes?

Asking students to describe events that provided them with meaning in their role provided data from two significant aspects. Most students described both positive and negative events that contributed to role meaning. From this data, students were asked in the interview what they perceived were the most significant difficulties they had encountered in the nursing program. Often these situations were integrated with descriptions of change and were divulged in the interview in aspects unrelated to interview questions. It became evident that some students perceived difficulties as being

synonymous with change. Others viewed difficulties as opportunities to become more aware themselves within their roles. Events described in LifeMapping documents, as difficulties, were not always the same as those described in the interview.

Death. In this case, I learned about my own coping abilities. I did take care of this person but I have to leave it at work. I feel sorry that he is gone. I guess when someone dies it is still sad but I have to learn to deal with it because it will happen again. I don't think that a patient dying will affect me any less in the future. If it does and I become immune to patient's dying then I must change my attitude right away because it means I've lost myself (Code 7323).

Power differences. Discovered the power differences that exist between nurses & MDs. Had the experience of being unnecessarily challenged by MD in a situation despite my ability to provide rationale for my behaviors. I have learned that power differences between nurse & MD have existed for a long time. I have also learned that I should not create a situation for the client where she/he feels powerless. I will be aware of power differences that exist between health care professionals but this may not affect how I interact with them. However I will be aware of my interactions with clients to ensure they are not affected by power differences (Code 24324).

These two Y-III students have been able to describe how they have experienced certain feelings within their role development and understood what these feelings mean to them. In the process of attaching meaning to these feelings they have been able to incorporate these values and beliefs into their own value system. The process resembles earmarking a page in a book where you have read a passage that provides you with meaning and understanding of the book or some aspect of life. Students earmark certain events within

their role learning. These earmarks often represent experiences that have not been positive however they are valued as positive learning experiences by the students and meaningful contributions to their role orientation.

My clinical tutor made me question if I was suited for and able to be a nurse. She pulled me aside during the morning of a clinical day. I was very upset and cried. My tutors had always been so positive and confident in my ability. After I decided to change my major I spoke with my peers. They helped me to change my mind and work hard to convince her I would be a nurse. This event was very upsetting to me when it occurred. Looking back on this however I feel that I learned a lot about my abilities and the support system I had but did not know about. I also worked very hard that term to convince myself and my tutor I could be a nurse. I've finally started feeling confident again. This event had a very large impact when it occurred. I hope I will not take this negativity with me into the future. I feel confident that nursing is what I want to do as a career and hopefully I won't carry doubts in the future (Code 20425).

When asked to describe the most difficult aspects of the program students seemed to have the list very handy for recall.

It's the whole idea of do I know a thing, do I know it properly, am I forgetting something? Even when I'm on the ward doing a dressing change, I'm doing stuff, am I doing it properly, am I forgetting something? I don't want to make mistakes. I don't want to forget to put in information that would be very valuable later on (Y-II Interview, November 17, 1999).

Integrating this aspect of the interview with comments made later, it became clear that this student had experienced an event where a health care provider had made a mistake with a family member. Because of this past experience, this student has a real vision of responsibility within the nursing role and questions her ability to measure up to this responsibility in the LifeMapping document.

There is no second guessing in real life. That I need to pay very close attention in class & absorb everything! (Very scary). This hopefully will encourage me to stay informed with new developments in health. I don't ever "not" know the answer (Code 22225).

For me it's feeling confident in being able to perform clinical skills and I still have not overcome that and that's something I will probably continue to feel, maybe for the rest of my life. Who knows? I guess it's because I have the potential to harm someone else, so that's important for me not to do that. It makes me feel nauseated basically. In the hospital setting every night before 10 o'clock until 6 and even when I'm there (Y-III Interview, November 29, 1999).

It's really difficult right now my preceptor and I have very different expectations of where I should be and I'm so frustrated and I just feel that as a student, I don't want to be a whiny student – you know, oh no one will let me do anything, it's not my fault and making excuses. But I see her point. She looked at me and says, well she's not doing anything you know she's not taking advantage of these things. Like as a student you don't know where you stand

(Y-IV Interview, November 24, 1999).

I was in a maternity/newborn unit doing my 1st 12 hr. shift. The most hr. I used to have was 8 hours. The day went by like a very long time and I couldn't wait to get out! I went straight to bed right after that day and I had another 12 hour the next day. Next day was even worse because I was tired already at the beginning of the day (Code 18415).

Early life events often influence the ability of an individual to cope. Learning coping strategies is part of the teaching and learning process within nursing education programs (Meadows, 1998). Students were questioned about how they cope with various difficulties encountered when learning their role.

She says any time you have a question, just go to her (in reference to the tutor). Find her in the ward, she's walking around some place. A lot of nurses – you get to know which ones to ask and who not to ask so by the third week, you figure it out if you have a problem who to go to or ask a question or something (Y-II Interview, November 17, 1999).

If I have any questions then I'll have somebody else come in with me. That's how I've dealt with it I guess. I'll tell my nurse I don't know how to do this as well as I'd like so I'd like you to do this or help me do this.

I think you have to have a tutor that is really, really supportive because if you don't have a supportive tutor you are going to feel sick the day before you go in. You are going to fear that day. You are not going to get enough sleep and you're going to be worried you're going to do something brutal (Y-III Interview, November 29, 1999).

Just get through it. I'm not going to, I have tons of points I'd like to bring up with her, but it's not worth it. So, I'll go in and do what she wants for 2 shifts and I'll be done. 24 hours of clinical time and 1 hour of evaluation time – that's 25 hours. I can deal with 25 hours out of my life doing things that I don't necessarily want to do to get it over with (Y-IV Interview, November 24, 1999)

That's clinical, but it's academic because you have to say to your tutors that this is what you want to learn, but if they don't think that's necessarily what you should be learning they aren't afraid to tell you that. They may suggest that you change your learning plan or you write an essay and you think that you'd really like to say this, but I know that the tutor won't agree with that so I'll just take the other point of view for this one. You prove one point, but you don't feel that way personally (Y-IV, November 24, 1999).

If I don't have it done by 2 o'clock in the morning, forget it. I'll do it later. Last year, I stayed up all night to try and get things done and I just can't handle it anymore. If I don't get it done, I'll do it later. Everything's still handed in on time, just maybe not how I wanted to have it finished or to the best of my ability...I just start my next project. If I get stuck with one thing, I just go on to the next one. That's how I handle it (Y-II Interview, November 17, 1999).

Students were asked about the consistent change in impact ratings from negative to positive as they progressed through the stages of event analysis. Gove and Carpenter (1982) indicate that passage of time, experience, and realistic expectations contribute to a person's satisfaction within their role. In the process of accommodating to a role, satisfaction is increased and feelings of elation and despair become somewhat muted.

I think it changed with time and experience and what you learned in school.

You usually learn the most from negative experiences...it might be terrible when it happens but when you look back you can always find something positive about it. Oh I really learned that this just isn't my thing, or this is how to deal with conflict (Y-IV Interview, November, 24, 1999).

I think the more you reflect on them the more you realize they were bad but you get so much more out of it. You have to learn from your mistakes so it ends up being very valuable (Y-IV Interview, November 24, 1999).

I think it's two things. One, I think it might have been the timing of the actual data collection. I think it was mid to early October, relatively low stress levels in students in their fourth year who are positive and excited to be in their clinical placements, not swamped down by work again. So we have a very rosy picture of how things are going in nursing school. But more so you've got a broader base of experience, so you can even out the highs and lows a little bit more and go with the punches a little bit better because you've got a broader base of comparison of what nursing is. First year you fail your bell-ringer, I can't be a nurse. Fourth year you're asked to rewrite an assignment, okay I need to look at this a little more and understand what I'm supposed to do

(Y-IV Interview, November 25, 1999).

Student participants were asked for their perspective about the most important characteristics of a good nurse. This question asked to elicit the student's perception of reality in terms of values and beliefs. The goal of this question was to determine how

students have formed their perceptions, whether by role model, program or external influences.

What do you believe to be the most important characteristics of a good nurse?

You get to touch people in a way that others are not allowed. A normal person would not be allowed to touch someone. It's so important that somebody comes to you and says, "help me", and you're allowed to and you're allowed to do special things for them (Y-I Interview, November 24, 1999).

Just being with people when they're vulnerable right at this moment, and again, with medicine you look at the medical part but with nursing you look at the whole person, deal with their family, spiritual and emotional everything (Y-I Interview, November 24, 1999).

I think being able to help people in a specific way when they need it. We have the skills to care for people and relate them as humans and also provide them with care that not everybody can give them, like the physical care and the emotional support and then you get somebody telling you you're going to make a great nurse, and that's what it's all about for me

(Y-IV Interview, November, 24, 1999)

I just really like the fact that we have a lot of time or opportunity to be with patients and other people in health care don't have that. Doctors never sit down and nobody else ever does that and I like that we can do that while we're doing things for them and make them feel better and I like being able to do that for people, showing interest in them (Y-IV Interview, November 24, 1999).

Confidence in what they do. Not complaining about your job to a student. I have a preceptor who that's all she does is complain about her job, how she hates her job and that makes me feel very concerned about whether I want to enter this profession if you can only say negative things about it and it makes me more empathetic not to complain in front of other people sort of haphazardly. I think it's important to express your opinions and I feel like I'm being griped at.

Being very knowledgeable and listening to patients and instead of just reading their charts, going in and talking and learning about the things that are in the chart from the patient (Y-III Interview, November 29, 1999).

I think one of the major things that is important is the nurse should be an effective team member. The biggest problem on all the wards I've been on is teamwork. I don't like the fact that you have the physicians, you have the pharmacists, you have the nurses. It doesn't feel like a team. It feels like they work apart and come together once in a while to talk about it and there doesn't seem to be a kind of feeling that everyone is working together

(Y-III Interview, November 29, 1999).

Role Awareness

What are the most important events used by faculty to teach the norms, values and beliefs of the nursing profession in the education program?

Most of the faculty described personal norms, values and beliefs in the LifeMapping document, so I used the interview to elicit examples of strategies used by faculty to teach these norms, values and beliefs to students in the program. Even though the process of

the research tools became reversed the data obtained provided the means to understand faculty values and teaching strategies used.

Critical Thinking, focus mainly in Year 3 & 4. Being analytical from a micro to a macro perspective. Engaging in collaborative lobbying to enhance resources within the health care system. Using evidence based knowledge in a creative and defiant way.

I'll talk about critical thinking because I think that's an area that isn't well developed in nursing. I think the students are developing it but they don't recognize that they're going through the phases of that development. In our particular program, because it's a small group and we talk in general terms about critical thinking, we don't often become very analytical about critical thinking. What I attempted to do with fourth year students this year is institute once a month a critical thinking exercise. So, for example, at the beginning of the term, first class, they had to work in dyads to define what is critical thinking and then the common theme was put up on the board and we had to create a definition out of that. They began to realize that they had some very limited understanding of that particular definition. For example, they talked about evidence-based practice. Again, they used a lot of buzz words, but they didn't know that it is a perspective used in their nursing practice. So we decided to concentrate on whether there are some tools that can help us both in our problem-based perspective of learning and in our clinical practice that can help us more concretely make critical thinking less abstract. So one of the exercises we worked on in the second class was concept mapping (Code 24F13).

Sixth Sense and Intuition. I learned that there is such a thing as a “sixth sense” and/or intuition. I learned to listen to my intuition. This particular “learning” has had a major impact on my relationships with students. The way I teach it is, I don’t teach it per se, but what I do teach is not to ignore any of those niggly feelings that we get, because you’re probably picking up a lot more data than you think you are. It’s not just as explicit as you would like it to be. It’s that little gut feeling that tells you something’s going on here. That’s how I teach it. Right from the beginning, there are students who can’t label it, can’t describe what’s happening but they have a feeling, and that’s how I teach it. Don’t ignore this feeling. Follow up on it and if you can prove yourself wrong, fine. What if you get those things and do nothing with it and something happened? So it’s just being open to this feeling, gut reaction that you get when you’re not sure what’s going on...The same thing with students. I think to myself I don’t have the feeling that this is an incompetent student who just can’t do it. There’s something else going on here. I don’t know why I feel this and I said, is there anything else going on? And there was. It depends on the student whether they pick up the modeling. I think it depends on the level of the student. It think it depends on the openness of the student. I mean there are some students in the program who scare me. I think they have hidden agendas. I think they have an agenda and they’re not open and hopefully they make some changes over the 4 years. It’s particularly noticeable in level 1. They’re closed people. Hopefully they make changes but if they totally make changes I don’t know....she’s having a harder time of it because all the students have grown and she hasn’t. She has a very narrow view of her own values and beliefs and she has not allowed herself to challenge them, not necessarily to

change them but challenge them and be willing to recognize that other people have different views (Code 11F22).

Tutor Modeling. Whether tutors/nurses practice what they preach. ie. whether the concepts, respect of 'shared meaning'; confidentiality; etc. are actually practiced.

Whether you really need to have good communication skills or give feedback properly in order to get somewhere in nursing.

Yes, I think it's maybe the most important strategy myself. Actually it's interesting because I just finished an evaluation with my level one group and that was one thing we talked about within the class was how I will often take big risks with them in terms of exposing myself because I really value them taking risks and trying things out and making mistakes and doing that and they were talking about how effective they found that to be within the classroom setting. To be willing to say, I did this with you last week, I suggested this and I thought about it afterwards and I thought maybe it wasn't a good approach. Just to question my own teaching and my own methods and what I bring to the teaching situation with students. I do that as a way of modeling so that then they feel free to come to me and say, this is what I bring as a student, I'm not very good at this or I'm not very good at that and to feel okay with it. Then it seems to me that it's quite powerful. Demonstrations, you know like clinical skills, if we're looking at that, students need to know what they're aiming for and so to model this is how you catheterize or this is how you do a physical assessment or do an interview. I think it gives them a standard for what they're aiming for because otherwise they're in the dark. They don't know what it looks like. They need to know what it looks like (Code 4F23).

Teaching confidence. Being there to help them sort out aspects of the decision that they have to make. Giving them feedback directly as events occur so that they know what needs to be changed or how to think through what could be different.

Organization is another. Helping them in organizing their workday will help their day go smoother. They'll feel much more satisfied, comfortable and confident with their client. One of the strategies I suggest at level 2, which is fairly junior, is to do a template the night before of what they're going to do the next day, and knowing that it may modify or change the next day. They'll have a certain amount of client information. They'll need to examine their learning gaps the best they can within the time frame and then make a template on how they're going to make priority focuses for the next day (Code 20F25).

Faculty member participants very clearly state their own values and beliefs and are able to link them to their own teaching strategies within the program. More importantly they associate their strategies with the year of the program the students are in and their individual development.

It depends on the student. They deal with it better as they go along, and it also depends on the kind of experiences that they've had (Code 11F22).

I think it has to do with students' level of comfort and confidence with the ability to do nursing. When they walk into that first patient, what they believe about people influences how comfortable they are about walking into that room...And that's a philosophical shift. I mean you have to remember the age of our students.

Developmentally, they're very 'I' focused. We do have a proportion, about 25% that are older and so they are not as 'I' focused. They are much more career focused, so

they fit in...But the teenage group have a hard time making that shift, so probably the first semester getting comfortable looking at the world from somebody else's viewpoint and trying to be in that other person's world...and that's a real philosophical shift for them (Code 24F13).

Well, I think what they do a lot of is critique what is going on and try to make sense of it...Some of it may be just helping them develop their own sense of proper behavior if they can then look at somebody else and realize that something wasn't done ideally or properly...It would be based partly on their own experience, I think you know. In that example of a tutor they didn't like the behavior. Experience they've had with teachers or tutors in the past, so and so wouldn't have behaved that way, so this person shouldn't do that. It would be based on an assumption that tutors are there to help students learn so if what the tutor did didn't help the student learn, then it was an inappropriate behavior because they have a sense of what they think is helpful to them. It would be in our situation based on something like the...model the role of the tutor is to have shared meaning with students and so if the tutor violates that somehow they would have a sense that they hadn't behaved properly in the role according to the philosophy that they have (Code 4F23).

And then to be patient. I always have to go back and think, well they're at this level and they've had this therefore they are still learning. They've still got lots of time to learn what is expected and to be patient with that. Not rush them finding the answer. A lot of it is exploration. A lot of it is experiential and to be comfortable with that. And I think I'm always learning that. Every student is different (Code 20F25).

Faculty participants were asked some of the same questions as student participants to provide a comparison of faculty and student perspectives.

What would you say are the most difficult things that students encounter?

It seems to me the most difficult thing they encounter is interpersonal problems. Not mastering skills, not writing exams or working in the library....its just working with people, feeling badly about themselves, how they interact with people, experiences they have with faculty and other students. They struggle a lot with that...they struggle, too, how to be appropriate in the classroom with each other and also in the clinical setting. Like how do I present myself? Yeh. I think it's big, big, all that interpersonal stuff with patients as well (Code 4F23).

I think the most difficult thing is clash between your own personal values and values that we're trying to teach them, values that clients bring with them. I think it is a real struggle for most students. I think that is a real struggle for most students...Oh, again, it's the classic example that comes up every year. Even though we don't talk about abortion in my level 1 group, for some reason it always comes up. Well, I can't take care of patients who have an abortion. And to start talking to them about, you know, you'll have to change your own values, they have a real struggle with that, and in level 1 they can't. They couldn't take care of patients who have values different from them. They couldn't. So as they go through the program they tell me, I can't do that. That's why they're very careful in choosing situations for level 1 students and as a progression, meaning through the program, you're going to deal with situations you can handle at different points in time, and in level 1 they can't handle these big issues, these big ethical issues (Code 11F22).

I think it becomes relevant because all of a sudden it's this realization that there won't be any 'second-guessing. There won't be somebody that I can probe and go back to. It becomes very evident when they talk to their preceptors who say, and this is one of the downfalls of preceptorship, that the preceptors are used to treating them as pregrads and that's something I try to reiterate with all fourth year preceptors. She is still a learner (Code 24F13).

Expectations of the tutors, is one of the things they say. They're not consistent...I guess everybody has their own philosophy and their own ways of working, but they do say that tutors differ dramatically in terms of expectations. I think another thing that's difficult is some of the clinical settings with staff are not very supportive to students. They talk about that a lot and we try to ease that where we can, but it is a reality (Code 20F25).

Faculty participants seem to be in tune with students in respect to some of the difficulties that students encounter. Similarities include interpersonal relationships, especially when they become involved with clinical preceptors in the third year of the program. Many of the faculty participants describe the struggles that students have as a struggle between the real and ideal, discussed later in the interpretation of findings.

Faculty participants were asked, in their interviews, for their perspective on qualities of a good nurse to compare their perceptions to those of students. I wanted to determine if faculty members have an influence on student perceptions and if other factors are involved.

What do you believe to be the most unique and important things about being a nurse?

I think it's just the privilege of working with people. I mean, some of the things that we do and how they allow us to work with them...Being involved with them in a personal way and more personal than doctors, and they allow us to share in this. That's incredible. I consider it a privilege to just touch people. We're privileged that people trust you enough to discuss personal things with you (Code 11F22)

I guess it would be the combination of knowledge; problem solving and something like compassion or caring. That ability to combine knowledge and dealing with a problem in a way that is compassionate and focused on that particular individual or group. So it's something about synthesizing information from a variety of sources maybe that they need to apply in that unique situation (Code 4F23).

I guess I value honesty and integrity...And caring and being the best you're able in the situation in which you are caring for a client, and the student likewise, so you may not have all the answers, but you know where to look as best you can...Either it's what you can derive yourself or from the resources around you that may have that answer and doing it, not passing the buck or just letting it go. Doing the best you can within the time frame and context (Code 20F25).

Section II

This section will present findings related to the education program structure, process and content of the school of nursing from the university chosen for this study. From student and faculty participant descriptions and comments in the interviews, I was directed to the specifics of the program to determine if aspects of this program provide an influence on the process of professional socialization.

Student descriptions in the LifeMapping documents indicated that events linked to the clinical aspect of this program provided significant influence on role meaning. Since the literature indicated that curriculum is based from the philosophy of the school, I began my search there. I then explored other areas of the program that students and faculty participants had indicated were relevant to role meaning. Studying the program in depth would have involved a time commitment beyond the scope of this thesis. The general structure of the program was viewed as opposed to exploring each individual course within the program.

Mission, Vision, Values

The brochure containing the vision, mission and strategic directions of the school of nursing at the university is published for public viewing and readily available within the school administrative offices. The vision, mission and values were revised and adopted in February of 1998 (see Appendix V for brochure). The philosophy of the Undergraduate Nursing program articulates faculty member's values and beliefs about nursing and nursing education. The philosophy, framework and model are clearly described and illustrated in the student handbook, revised yearly, and provided to each student as they enter the nursing program during their orientation week. The philosophy is structurally based on principles of adult education within self-directed and problem-based learning processes (Undergraduate Nursing Education, BScN 1996-97 Handbook). Processes are learner centered and focused on solving clinical problems or potential health care issues. The model and framework reflect the beliefs of the school pertaining to the nurse, client and context and the relationships between the three (see Appendix W for model). The foundation of the model is the interaction of the nurse and client using a humanistic

approach and belief that “humans are self-interpreting beings”(BScN Handbook, 1996-97; p.4). The overall goal of the program is “to provide general baccalaureate education in nursing for the preparation of professional nurses” and to graduate nurses that are able to practice in a variety of health care settings with skills for life-long learning (BScN Handbook, 1996-97; p. 10).

Curriculum

Curriculum in this school of nursing is defined broadly as “those transactions and interactions that take place between students and teachers and among students with the intent that learning take place”, derived from Bevis and Watson’s (1989) caring curriculum philosophy (p.72). The humanist foundation of this curriculum maintains that each individual is unique, has potential, has a goal to find meaning in their lives, meaning arises from experiences and contexts, and meaning is perceived from past experiences, habits, culture, emotions and reflective thoughts (BScN Handbook, 1996-97). From the foundation of humanist philosophy the model of nursing education is developed and curricular structure, process and content become the interactive parts of the whole (see Appendix X for nursing education model).

Structure.

The Basic Stream program is described as a four-year integrated curriculum that is designed to incorporate nursing, health science, required non-health science and elective courses. The distribution of nursing courses related to other courses increases significantly as the student progresses from Year I to Year IV.

Process.

Teaching–learning experiences, classroom and clinical, are sequenced based on health and illness concepts from the first to the fourth year (see Appendix Y for concept sequencing). Sequencing of experience and process is designed in consideration of the way people learn new concepts and processes. Teaching and learning is sequenced in a series of four steps that represent the emphasis for each of the four levels (see Appendix Z for teaching-learning steps). Within an integrated curriculum, concepts and processes are not specifically learned at one particular point in the curriculum. Concepts of the program are introduced at various stages of the curriculum and built on over the four years, from varying perspectives. The nature of the integrated curriculum closely resembles the reality of nursing practice. Different patient issues must be approached differently within the various contexts of the health care system and values and beliefs may alter within the changing contexts.

The process of teaching and learning, although based on the principles of adult learning, are also designed around the theories of problem-based learning (PBL) and self-directed learning (SDL). Based on the framework of dialogue as the connection between the nurse and client, so too is dialogue the link between teacher and student. The basic principle of PBL is in the challenges presented to student learning in the form of case scenario problems that are similar to actual problems encountered in health care settings. Learning objectives are formatted to present conceptual guidelines within the classroom and direct the skill learning within the clinical component. Objective categories are based on: structuring knowledge for clinical contexts, developing the clinical reasoning process, developing skills of self-directed learning and increasing motivation for learning through

methods of inquiry (Heliker, 1994). Incorporated into small group learning, PBL as a teaching-learning strategy successfully uses dialogue, active listening and critical thinking to promote: learning how to learn, creative thinking, personal growth and awareness, collaboration and skilled use of resources (White, Amos & Kouzekanani, 1999). Using small group discussion format, students and tutors share the learning process to explore personal belief systems and values, promote peer understanding and broaden perspectives to incorporate an appreciation of others values (Heliker, 1994).

Content.

Content themes are specific to the school's definition of nursing and nursing practice. Content is derived from the realms of nursing practice, interdisciplinary and system factors. Nursing practice sources are taken from the philosophical framework of the school and the College of Nurses of Ontario. Content cannot cover all areas of nursing practice within the allotted time frame for the program. Acquisition and development of skills, values and attitudes is balanced with the acquisition of core knowledge. Successful completion of the program involves accomplishing specific goals, clearly outlined in the handbook for each of the four levels.

One of the faculty participants spoke about curriculum. The account provides an inside perspective on the consideration given to development of student values and beliefs within the planning of curriculum content themes and sequences. This account refers to the PBL nursing course in Year I demonstrating how content themes are introduced and integrated throughout the curriculum.

Well, we certainly have planned the curriculum around time sequence. There is certainly things you do based on age, you know developmentally. For instance we do

not include any sexuality issues in level 1 because the majority of student nowadays are young and have a lot of difficulty in handling it, so we don't get into it because they're going through their own struggles with sexuality. So we base it on things like, developmental things. We get some sexual things that are easy to deal with like menopause problems and we have to deal with something about intercourse, is she having sexual relationships or stuff like that...But we took out the problem in level 1 related to teenage pregnancy because it's too close to home. And we do that further down the line, which coordinates with reproductive sciences (referring to a health science course), but also when they're a little bit older themselves (Code 11F22).

This faculty participant also spoke of collaborative efforts to coordinate courses within the program so that students would be learning the anatomy and physiology in health science courses to compliment the problem areas focused on in the nursing courses. This equips students with the foundation to enhance the holistic perspective of patient health problems studied in PBL nursing courses.

Aspects of the program that were explored to a greater extent were: recruitment and admissions procedures, course structuring and trends and the clinical components of the program.

Recruitment and Admission Procedures

Recruitment and admission procedures were explored in a structured interview held November 4, 1999 with the admissions coordinator. Interview questions were mainly derived from literature sources including the pilot studies. Some of the findings further validated findings from student data and elaborated on some of the external influences on the process of professional socialization.

Recruitment and admission procedures for Basic Stream nursing students combine the university entrance requirements with the school of nursing criteria. Currently, students must have completed Grade 13 with specific course requirements including: English, Chemistry, one of Biology or Physics, one Mathematic and two other credits totaling six (University Calendar, 1999/2000). Selection is initially based on computer sorting of the best six subject marks from the applicant pool. Nursing school applicants are then selected based on their cumulative average. Offers for admission are sent to those students with the highest average within the boundaries of admission numbers. Resource issues restrict the admission procedures to computer selections however the admissions coordinator indicated that this has also proven to be a successful method.

The admissions coordinator spoke of a 1998 study completed at the school with Year-I students. The goal of the study was to determine career choices that students considered other than nursing. Other competing choices were found to be health sciences courses and people choices meaning jobs that involve working with people, an example being teaching. Recruitment strategies, including speaking with secondary students and attendance at career fairs, take into account the options that students consider and Code 1411 provided an example of why this is so important. One student was thinking about English courses and nursing courses. The student was advised to apply to nursing while pursuing a minor degree in English studies. Some universities prescribe electives, making this more difficult to achieve. Code 1411 emphasized to the student that one could learn a lot about people from English literature. Beginning in English then applying to nursing would limit the chances of acceptance because of the difference in acceptance ratios. This year there were 65 applicants for 10 positions from students out of secondary school for

two years or greater. This number is based on the fact that many of these students are classified as part-time because they have completed the elective requirements and focus their studies to health science and nursing courses. Funding is calculated using different formulas and is significantly less than for full-time students.

Based on 1991 figures, the rate of attrition was approximately 2% annually, considered a low rate compared to other universities. This may be attributed to admission procedures because students accepted are able to successfully progress through the science courses. These courses often present as obstacles to students who enter the nursing school with lower cumulative averages because of the heavy workload. An exit survey is used for those leaving the nursing program for reasons other than failing grades, however this is voluntary and doesn't provide accurate statistics. Code 1411 felt that most students leaving the program to pursue other careers usually leave after the clinical experience in medical and surgical areas in the second year. The number of hours spent in the clinical area increases and students are exposed to patients in the hospital setting, unlike simulated patients and community experiences of the first year.

Acceptance numbers for 1999 were based on funding formulas for 90 students with mark averages between 80 to 90%. Only students who have been two years or greater out of secondary school are required to complete a supplemental application asking why a BScN is necessary in the health care system, how they learn best with examples and a self-assessment using an example. Questions are designed to determine if the individual is motivated to pursue nursing, if they have compared the learning style of the school with their own and their ability to evaluate their strengths and limitations. They must also have a minimum B- average on two, 6-unit university courses and a satisfactory scoring

of 12 or greater in their supplemental application. Interviews are arranged for those students who, for example, have had a number of jobs and now choose nursing or if the reader of the questionnaire has sensed that speaking with the individual will assist in the decision.

Code 1411 felt that the reputation of this university was considered to be one of the best in Canada for their nursing program. She cited that out of 2000 applicants, 525 were to this university. The only changes to admission procedures that would be considered advantageous, in the opinion of Code 1411, is to increase government funding ratios for students who apply to nursing who have been out of secondary school for two years or greater. It is her feeling and she suspects the feeling of many professors, that development and life experiences that mature students bring to the nursing program enhances the learning and alters the perspective of the students in the 19 to 20 year old category. Balancing the clinical and PBL groups with greater numbers of these students would expand the learning opportunities of the group by broadening the life experience perspectives.

Course Structuring and Trends

Because the nursing program does not prescribe electives, except for 6-units of psychology in Year-I, I thought it pertinent to explore trends in other courses chosen by students within the program. The total elective requirement over four years is 30 units compared to nursing and health science requirements totaling 96. Information specific to number requirements was obtained from the University Calendar 1999/2000 and an interview was conducted with the assistant coordinator of studies. One of her roles is to advise students of program requirements and academic regulations. She also assists

students with planning and problem solving regarding course work. A structured interview held in this participant's office was held on November 4, 1999 and was the source of these findings.

Determining program structure is based on the required units for an undergraduate degree. The sequencing of elective to required health science and nursing courses is determined in an effort to balance the workload within each of the program years of study. For example, because there are fewer clinical hours in the first year, electives and psychology requirements totaling 12-units constitute the largest number of courses outside of nursing and health science courses. The total number of elective units has not changed however historically some elective courses were mandatory. Posing as a contradiction and a barrier to completing a minor degree, a change was instituted in the school of nursing about four years ago that provided students with a free choice of electives, guided only by university prerequisites. The minor degree requires 24-units of electives within the guidelines of the chosen faculty. The minor degree would be impossible to pursue if restrictions were placed on choice of electives.

Trends within the choices of electives for nursing students seem to be moving towards pursuit of a minor degree. The tendency of students to focus on one area or specialty in nursing may determine the minor. An example provided by Code 159 was a student focusing in nursing on psychiatry. This would guide the choice of electives towards pursuing a minor degree in psychology. It has also been noted that depending on the student, this choice may affect the overall grade point average because courses in psychology tend to be a heavier workload and overall marks may be compromised. Some students from the northern areas of Canada tend to focus their choice of electives on

indigenous studies as a means of enhancing their nursing practice. Religious studies also seem to be popular choices for students because content areas compliment nursing with such topics as death and dying and moral issues. These courses are not as demanding in their workload and students are able to blend these into their timetable of nursing and health science courses. Timetable limitations present the student with the problem of not always being able to pursue their first choice of elective. Electives must be chosen to work in around required courses. Students may even choose to complete electives during the summer term to increase their choices and ease the workload. Recent trends to choose electives from the social sciences are, according to Code 159, largely because of the instructor and the types of courses offered. Women and Work, Canadian Children and Canadian Adolescents are all courses that seem to assist students, especially when their nursing interests are focused on a specialty.

Advice concerning choice of electives is usually more prevalent in the first years of nursing school because it is often overwhelming for students to begin to know where to choose an elective so they would meet the student advisor. The advisor outlines to students that course selections are their choice, however she does provide some general guidelines. First year students are advised to take first year courses or some courses that are upper level that have open prerequisites. She cautions students that they are going to be in those courses and may be at a disadvantage working with peers that have already done some university work.

Clinical Structure and Trends

The clinical aspect of the program was explored because 75.5% of the keyword descriptors of events that help the student ascribe meaning to their role in Y-II, III and IV

were of a clinical nature. Three out of six Y-III students and the Y-II student described the Health Fair in Y-I as an experience that helped them to learn what it means to be a nurse. Y-IV students did not include this descriptor because Y-III students were the first to experience this clinical component in Y-I, as a result of curriculum changes.

An unstructured interview with the coordinator of clinical placements, Code 724, took place on October 29, 1999. I indicated that I would like to learn more about the clinical component structure and changes of the program.

The structure of the clinical component of the curriculum has changed over the past ten years. Historically, the two components of the curriculum did not correspond conceptually. Long-term care placements in Y-I were incompatible with conceptual learning about health. Students were placed in long-term settings as a means to identify with the role of health care provider and learn what was considered the basic skills of nursing. Putting on the uniform, entering the patient's room, initiating conversation and performing basic care skills were seen as important indicators to beginning role internalization, especially to students. In 1997 curriculum revision were made to emphasize the theme of health and carry this theme into the clinical component. Students were exposed to simulated patients in labs to learn communication skills and health assessments and community settings to integrate the concepts of health. Similarly changes were made in Y-II and Y-III in an effort to tie the clinical components into conceptual themes. Health science courses have also contributed to the transition. Structuring health science courses so that students would learn the underlying science themes that linked the classroom problem scenarios and clinical placements provided students with a means to integrate and apply their learning within the clinical setting.

Students in Y-II work with a clinical tutor to establish themselves within an institution setting. Student placements are still labeled according to medical model identifiers and still in place in the hospital setting to avoid student confusion. This presents as a philosophical deviation from the school's beliefs. Students in Y-II enter the medical and surgical areas to establish themselves with basic standards of nursing practice and integrate the science and skills of nursing. Y-II term one is the first exposure to patients within a hospital setting that students encounter in keeping with the theme of illness and family-centered care. Y-III is the first time that students are able to influence what area they are placed within the clinical settings. Working with either a tutor from the school or a preceptor from the setting depends on the setting itself. Some students begin with their medical-surgical consolidation where they learn to apply interventions to the data they have obtained about patients. Other students begin their placement with a choice between about eight varied nursing contexts. Student choices in Y-III present a dilemma to the school in a few different ways. There has been a trend with student choices to specialize, and focus their placement choices within one area. Examples of specialties are: labor and delivery, pediatrics, intensive care, emergency, operating room and adult and pediatric medical or surgical. The reasons for concern are many. Code 724 feels that students are beginning to specialize in an effort to market themselves more readily upon graduation. Employers are favoring students who have gained extra experience in certain clinical settings, probably to decrease the orientation period in the setting. Students are warned of the concern that they may be too specialized and limit their opportunities for employment, however they are also informed in Y-II that certain placements have prerequisite placements. Students must decide in Y-II, for example, if they want to pursue

pediatric placements in Y-IV because the hospital settings that accept students require some previous experience in pediatrics prior to the Y-IV placement. In many ways this determines the root of specialization early in the learning process of students but also presents as a concern for the school. Having the status of a generalist school of nursing means that students accomplish a predetermined number of hours in each of the mandatory settings: pediatrics, maternal-child, psychiatric, medical and surgical. The tension between the process of self-directed learning, that offers students the option to choose, and the philosophy of diversification often conflicts and results in some students tending towards specialization. Keeping students informed of their choices presents students with the dilemma of reality early in the learning process. Hearing about external placement prerequisites often places the students in the position of choice and confusion because they don't want to specialize early, but also do not want to limit future opportunities. Placing prerequisites on the clinical placements in certain specialty areas often places limitations on others, like community and geriatric placements that have not implemented prerequisites.

The general shift in the health care sector at large, from hospital care to community care and from managing disease to promoting health has also resulted in changes within nursing education. Although the shift is an attempt to focus health care providers to a community approach that emphasizes health promotion and disease prevention, the trend to privatize community agencies and introduce competition for community contracts has affected the ability of many agencies to accept student placements. Fiscal restraints have presented limited choices for students because of the time and education element that accompanies student placements. The combination of the

reality of fiscal constraints and the reality of agency prerequisites has resulted in changes of student preparation educationally that are not congruent with changes that are occurring in the shift within the health care system at large.

Other external influences include the College of Nurses of Ontario (CNO). Provincially, schools of nursing are generally responsible to prepare students to write the graduate nurse licensing examination after having met core competencies on completion of the program. Historically, competencies defined by the CNO were based on broad categories of competencies permitting a certain amount of flexibility within the education program. New CNO competencies are now extensive and very specific. Schools of nursing are challenged to incorporate an extensive set of competencies into their program within the same time boundaries, to ensure that students are prepared to meet the licensing examinations. This presents a dilemma to the schools, especially when determining a generalist curriculum based on a philosophy of self-directed learning and the restrictions imposed by external placements agencies. The challenge of coordinating teaching and learning experiences within the classroom and the clinical setting, presents a concern to schools of nursing as to how students will navigate the program, ascribe meaning to their evolving role and later pursue their role in the chaos of the health care system at large.

Questionnaire Findings

Findings from the Student Priority rating scale presented interesting trends. Students who completed the LifeMapping documents and attended the interviews were included in questionnaire findings. Figure 1 illustrates comparative numbers of all participants included in each phase of the study, including the questionnaire, entitled “Survey” in the

graphic representation. Figure 2 illustrates priority ratings calculated in each of the four years of student participants. The number 12 on the graph represents the lowest priority while the number 1 indicates the highest priority rating determined by student participants. Ratings will be skewed in terms of Y-II because of one participant, however the data was included. Comparisons between the years demonstrate that the lowest priorities for Y-I to Y-IV are: Y-I securing a job, Y-II having children, Y-III having children and Y-IV having a husband or partner very closely followed by having children. Highest priority ratings included: Y-I family, Y-II academic achievement, Y-III friends and Y-IV independence. It is interesting to note that the groupings for all of the years rated family and academic achievement as closest to high priority and having children as the lowest rating. The greatest fluctuations were seen in Y-I, Y-II and Y-III with ratings stabilizing in Y-IV. Y-IV fluctuations are minimal and ratings just below the midline for academic achievement, friends and self-awareness, with family and independence rating just under 4 in priority. Learning the role of a nurse, securing a job and feeling accepted as a professional all rated fractionally close to just above 7 on the scale.

Generally, these findings demonstrated a shift in personal role and value orientations that are different from those of the two pilot studies by Olesen and Whittaker (1968) and Simpson (1979). The change in the social role structure evident in this questionnaire is indicative that there are changes in the ordering of role values. In both of the pilot studies marriage and having children were rated highest on value structuring of personal roles, demonstrating influences on role orientation and anticipation of career goals.

The tool used in this study was not proven for validity or reliability, but implications for further research and linkages to social issues were demonstrated. Changes in personal

role values demonstrated a shift in focus of student nurse priorities from husbands/partners and children to family and independence. Further study of women's social roles and career opportunities may have implications and link to recent trends of employers to increase the casual and part-time workforce of nurses while decreasing full-time employment. Challenges are presented to the nursing profession by altering professional titles of nurses and revising administrative role descriptions to exclude nurses (Code 2625, Communication/lecture, October 7, 1999). External challenges could influence role identity formation, education structures and career opportunities.

Although the unique nature of the teaching and learning process within this school provided motivation for choosing this site, generalization is limited. Research incorporating other schools of nursing would introduce a comparative value in terms of program structure, process and content and the influence on professional socialization.

Conclusions and implications are presented in Chapter Five. Findings are related to literature, Kelly's (1955) theory and research questions posed in Chapter One.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND IMPLICATIONS

Summary

The purpose of this thesis was to gain an understanding of the process of professional socialization by studying nursing students in a university school of nursing. In order to comprehend the complexities of the process, literature was summoned from areas including social aspects of occupations, professionalization of occupations, previous research pertaining to socialization of nurses, nursing education literature to explore the influences of program structures and curriculum development, theoretical approaches to development and value formation and research methodology. Equipped with the enormous task of filtering the process of professional socialization through the literature to the individual involved in the process required theoretical knowledge, creativity of methods and ingenuity in data collection and management. Describing the process of professional socialization using the thoughts and feelings of students and faculty participants and exploring the depths of educational structures proved to be one of the most enlightening experiences of a lifetime.

Kelly's (1955) theory of personal constructs reveals that understanding life values and experiences are based on bipolar relationships of good and bad and right and wrong, grounded in past experiences. Perceived truths and meaning inform new experiences that are tested, interpreted and understood in terms of established relationships. The relationship of ideal to real, reflected in the words and images of participant LifeMapping documents and interviews, presented study participants with the opportunity to challenge personal and professional perceptions in an effort to understand their anticipated role of nurse. The dichotomy of the nursing role becomes a question of what is ideal and what is

real, a challenge posed to students early in their education. Presentation of the image of self and image of nurse offers an opportunity to experience, test, interpret and understand the self within the realities of the role. The challenges of the role become increasingly evident within the clinical practice setting. Testing ideal values and beliefs, within the realities of nursing practice, often confronts students with the choice to maintain, revise or reject their value network and to create meaning and understanding from the complexity of experiences as they unfold.

The questions developed for this study infiltrate the shields of previous socialization and the knowledge and experiences of individuals. They determine if students are aware of why they chose to study nursing, the perceived difficulties encountered, ways of adapting to the difficulties and changes and ultimately, their perceptions of what is unique about being a nurse. Role meaning, born out of the perplexities of experiences, emerges through values and teaching strategies employed by faculty members and structures of the nursing school program. The link between the knowing, experiencing and understanding becomes a question of process and a reflection of the teaching and learning process within the boundaries of the education program and the network of influencing factors. Navigating the education program through descriptions of different individuals reveals the unique experiences and events that create meaning for each of the individuals participating in this study. Although projecting these findings to include all individuals within the program is risky, it is not without merit. Each individual encounters and perceives their experiences with differences beyond the scope of imagination. "At some level in human history, with primordial truths of existence, there is a knowing and experiencing with which we long to reconnect, seeking the point of

intersection of time with timeless” (Watson, 1999; p. 76). It is this point of intersection that person and nurse become one. It is this point that magnifies questions and prompts research into the process of professional socialization.

Conclusions and Implications

To understand professional socialization involves accessing individual perceptions within the education experience of students engaged in the process of learning their role of nurse. The duality of the process involves exploring aspects of personal and role socialization as the individual constructs meaning. Relating meaning to the relationship of the developing self as person and self as professional involves accessing value structures accomplished in this study using a combination of data collection tools including the Lifemapping document, interviews and questionnaires.

Literature revealed that early definitions of the process of professional socialization do not describe the essential qualities of the teaching and learning involved in nursing education today. The process of professional socialization described in literature involves acquiring the knowledge, skills, values, beliefs and attitudes typical of a qualified practitioner. This type of description reveals a process of education embedded in didactic teaching methods and apprenticeship training. It reflects a purely functionalist approach to teaching and learning where students are presented with the knowledge, skills, values and beliefs typical of a practicing nurse. They absorb what teachers deem to be the most important aspects of this information, accepting without question the knowledge, skills, values and beliefs of others in order that they are able to adopt the role of nurse. Skill acquisition and competence are exemplified as rites of passage in a task orientated education.

The process of professional socialization, as defined in the literature, was not revealed by participant descriptions, interviews or questionnaires in this study. Literature also revealed that there is a need to incorporate both the functionalist and interactionist approaches in nursing education because of the theory and practical components of nursing education. An interactionist approach to teaching and learning was evident in the curriculum structures of this program and in the descriptions revealed by students of their learning within the classroom and clinical components of this program. Adopting one philosophical approach to teaching and learning for both components of the curriculum would appear to integrate theory and practice successfully.

Conclusion #1: *Awareness of the choice to study nursing and influencing factors.*

Data revealed that students are aware of why they chose to study nursing. Defining awareness involves a notion of being informed (Webster's, 1989). The choice to study nursing resulted mainly from a passion for science combined with a desire to work with people. Students described influencing factors as family support, traditions, childhood role-play, hospital related experiences and volunteer or part-time work. Although choice was informed differently by some individuals there was a tendency for all students to test and scrutinize the anticipated role, a finding supported by Kelly's (1955) theory. Speaking with friends or relatives in health provider roles and volunteering or working in hospitals and other health care settings seemed to be the most popular ways for individuals to observe and legitimate their understanding of the role of a nurse. One Y-I student listed and described, sequentially, what she observed to be a "good" and "bad" nurse while in volunteer roles. The meaning that this student understood from these descriptions determined how she wanted to be as a nurse and rated even the "bad" nurse as providing a

positive learning experience. Descriptions further revealed that the contexts associated with the “good” and “bad” nurse experience were different and influenced anticipated choices within education. The “good” nurse experience occurred in a hospital setting while the “bad” nurse experience was in a nursing home. The meaning that the student derived from the experience was related to her anticipation of where she would work within her anticipated role. She perceived that “good” nurses worked in hospitals while “bad” nurses worked in nursing homes. In her description of future implications she described wanting to work in a hospital because of her understanding of “good” and “bad” nurses within certain contexts.

Descriptions by both student and faculty participants illustrates that these comparisons are ways to validate perceptions and understand meaning from experiences. Bipolar descriptions reveal testing of individual value networks that have been established from childhood socialization against those of their real world and anticipated experiences.

Olesen and Whittaker (1968) discuss legitimation in terms of influences within the education program such as tutors, patients and peers. Although these legitimizing influences do exist within education, data in this study reveals that many of these networks are established prior to nursing school. This may demonstrate how students validate role meaning in terms of people and contexts that may influence their choices within the nursing program and ultimately their nursing role.

Linking this data to the fact that 75.5% of descriptions of events that helped the students ascribe meaning to their role occurred within the clinical context indicates that choices within the education program concerning clinical experiences may be biased prior to beginning the education program and may occur early in role development.

Clinical placement indicators have demonstrated a tendency for students to choose hospital experiences as opposed to community or geriatric placements. This presents as a concern since trends in the health care system have demonstrated a shift away from the hospital towards community nursing. The other finding within this study revealed that many of the clinical experiences with patients described in the LifeMapping documents were initially rated as negative and became very positive through the reflective process. This clearly demonstrates that utilizing reflection within the learning process assists students to interpret, understand and create meaning from their experiences whether perception of meaning is positive or negative at the time the event occurred.

Experiences related to other health care providers within the clinical setting primarily described how the student would not be as a nurse. Descriptions were focused on the positive values, beliefs and attitudes that would be exercised in the scenario when the student became nurse. Similarly, Simpson (1979) found that students selectively adopted certain values and beliefs that were displayed within the clinical context of the education program. Socialization was not evident because students were actively comparing and exploring similarities and differences between what they had been taught and what they were experiencing in the clinical settings, a relationship of ideal versus real. Their perceptions of these experiences informed choices and meaning within their role orientation.

Awareness related to choices involves elements of socialization however this study revealed that awareness begins prior to engaging in the process of professional socialization and may even bias factors within the teaching and learning process. Although students are informed by family support, tradition, childhood role-play, hospital

experiences, volunteer and part-time work, it is evident that the meaning derived from these experiences varies with each individual and may influence role orientation prior to education. Longitudinal studies would reveal factors of socialization within the teaching and learning environment however the experiences and values established prior to education that inform individual choices may occur long before engaging in nursing education.

Implication # 1

Evidence in this study reveals that adult and role socialization begins prior to entering occupational education settings and may begin very early in childhood for some individuals. Sources in literature imply that images of the nursing role are somewhat idealistic, a finding recognized by some of the students in this study. Varied experiences and value structures established prior to the education program may influence choices made by students within their education program, especially one that advocates self-directed learning. Students may tend towards choices that closely resemble their previous role images not ones they are developing and anticipating in the future.

Exploring the program structures at this university school of nursing revealed that the process of the curriculum is one of the most important determinants of how meaning is ascribed to the role of nurse for students. The process of small group dialogue, problem-solving and negotiating involved in the PBL and SDL format for the clinical and classroom structures permits students to expose prior learning experiences and preconceived images for scrutiny. Value structures are tested through inquiry and understanding is negotiated with reasoning. While in the safety of a classroom, students are accustomed to revealing past experiences, sharing new experiences and anticipating

role meaning through clinical placements and dialogue. Anticipated meaning is tested further in the reality of nursing work where values are either rejected or accepted into the network of the developing person. Rejection of values, attitudes and beliefs is based on an understanding of the value system incorporated from personal socialization and prior learning experiences within the program. The Y-IV student chose to reject negative attitudes and focus on the positive. Further study would reveal whether these values are retained in nursing practice, the length of time they are or are not retained and how this varies between individuals. My thoughts are that many of the values established within the education program that become internalized in a network of personal and professional values become so entwined that it becomes impossible to distinguish the difference. Individuals who have not understood the meaning of values, beliefs and attitudes in terms of personal and professional structures are more susceptible to variations within their network. How this is established for some people and not others is a question for further research. Perhaps it is based in childhood socialization factors or from within the education program. My hypothesis is that it is in the process of teaching and learning that these value structures are introduced and encouraged to grow. The process of PBL and SDL that is facilitated in small group learning provides an environment conducive to the development of value and belief structures.

The duality of role learning, evident in nursing education, calls for curricular structures and processes that facilitate personal and professional growth structures in terms of values, beliefs and attitudes. Creating meaning through experiences involves an interaction between the knowledge and experience found in the process of dialogue.

Meaning is revealed in the interpreting, testing, revising and understanding of an interactive curriculum where learning explores previous meaning structures.

Conclusion #2: Changes, difficulties and strategies.

Jarvis (1993) believes that meaning construction involves change by embracing the perspective of others that is an intrinsic quality of adult development. Student accounts reveal that the progression of role development initially involves self-inquiry, a realistic view of the self that is compared to the role structures they are presented with. Students describe acceptance of themselves within the role as a product of how the learning process is facilitated and is reflected in the nursing school's philosophy of teaching and learning. Personal and professional growth facilitating factors within the program are described as small group learning, teaching strategies and tutor support. Demonstrated in the accounts of faculty participants, faculty members individualize their teaching strategies according to the year of the program and the level of maturation of individuals within their groups. Teaching strategies applied within the program are geared to meet, not only the themes and sequencing within the curriculum as well as the individual needs of students.

The themes presented in the curriculum equip the students with the needed vehicle to navigate their self-discovery and role development. Themes, for example, pertaining to communication skills in the first year provide the students with a fundamental valuing of dialogue within their role and a way of interacting with themselves, peers, faculty members and patients. The sequencing of this skill development within the interaction process of small group learning provides a safe environment for students to test their developing skills and extend their views of self to include others. Year-I teaching and

learning strategies are crucial for the students to be able to challenge their views of themselves and their values structures and be willing to extend their perspective to include others. This is confirmed by faculty participant data and an important factor of curriculum development.

Evidence of how the first year of the program creates a chaotic environment for students, in order that they expand their perspectives to others, is clearly seen in student accounts. Change involves the expanded vision of the nurse's role from a specific image previously formed. Olesen and Whittaker (1968) include this transition from specific to general in their study as a function of the program. The structuring of skill development within the clinical component of the program combined with complementary PBL patient scenarios presents the student with a view of themselves within their role and the opportunity to interpret, challenge, revise and understand their meaning structures with peers and tutor. This sharing through dialogue with peers allows students to view themselves in relationships with others who have differing experiences and perspectives. It provides a context of inquiry that enables a search of inner meaning structures for similarities and differences within their peer and tutor groups. I tend to parallel this vision of the first year as a puzzle involving primarily blue sky and an image of a person in the background. The Y-I student puts the sky and some of the landscape together. By the end of first year they have one puzzle piece of a person's feet that fits into the puzzle. They can vision where the person stands but do not have all of the pieces to determine what that person looks like or how they blend with the scenery.

Chaos is again introduced in the second year with students entering the hospital context for the first time. Norms and symbols of nursing become a reality where they

were mainly isolated images in first year. The sense of role image is developed over the course of the year and students encounter a variety of experiences that present as challenges to change. The largest of these challenges are described as moral and social value issues. The boundaries of earlier socialization are challenged to expand with examples of, looking at and touching strangers in private areas, death, sexuality and invasion of physical body space described in student accounts. The notion of students challenging the integration of personal with professional is developed within the first two years of the program to provide students with the opportunity to extend their meaning structures from themselves to others. This is viewed as a function of curriculum themes and teaching-learning sequencing. The change in perspective is viewed by students as being a result of “the program” and a “balancing of student and program goals and philosophies”, not the natural maturation process of adult development (Y-IV Interview, November 25, 1999).

Difficulties were viewed as being different than changes. Change was described by students as a “development” and the integration of self-perception with role perception. Development of self-perception was clearly described by students beginning their third year while role development was not described until the beginning of fourth year. Faculty participants consider development as being influenced by the choice of clinical placements made by students. Whether students are placed in a role with preceptors (staff of the agency as facilitators of experiences) or whether they are with tutors from the school is largely determined by the choice of clinical placement beginning in Year-III. The self-directed philosophy of the school indicates that students determine their placements using self-directed plans and goals for learning.

The majority of student difficulties in the third and fourth years were clinically related and involved what the students perceived as having different expectations from tutors and preceptors. Faculty member participants considered interpersonal relationships and varied tutor expectations to be the most significant student difficulties. Personal and professional value conflict was also considered a difficulty primarily in the first two years. Faculty describe that some students struggle with this conflict into their third and fourth years.

Faculty participants view the difficulties with tutors and preceptors as a reality of nursing. Students have to learn to cope with interpersonal discrepancies and develop a sense of professionalism in the strategies used to resolve these issues. These difficulties seem to represent the clash between real and ideal, a problem voiced by both faculty and student participants. The context that students are entering presents them with the realities of the nursing role but also with the social, political and economic realities of the system at large. For many students their values developed within the school of: professionalism, evidence-based practice, collaboration and caring are challenged in the realities of the nursing role. The developed identity is suddenly confronted with, as one faculty participant explains, a world where “the word nurse is skewed...the patient has managers, coordinators, educators, professional practice leaders...nurse isn’t there. So what’s going to happen to that identity?” (Interview Code 24F13, December 22, 1999).

Implication #2

The changes and challenges involved in the socialization of students into the role of professional nurse must be facilitated through a carefully planned curriculum that considers issues of individual development, value structures, learning needs and the flexibility to facilitate personal and professional growth structures. Program philosophy

must reflect and value individuality and believe in learning that incorporates dialogue and interactions needed for students to interpret, challenge, understand and revise the meaning structures of the self and their anticipated role. Curriculum themes and sequencing must be initially tailored to the person inside of the developing nurse in order that students are able to develop individual meaning structures before encountering the changes and challenges of the role of nurse. The delicate balance of establishing meaning structures within this duality determines that students view change as opportunity for development and view challenges as strategies to be assessed and planned. This becomes crucial in role development to enable the graduate nurse to adapt to the changes and challenges of the nursing role and the complexities of the health care system.

Difficulties encountered by students with the introduction of clinical placements and nursing staff as role models demands further study of the role of preceptors to facilitate student learning. Although a topic that is well documented in literature as being a crucial component of student learning, more research into the development of this role within the clinical setting is indicated. Role meaning that students derived from clinical preceptors, although based in reality, are subjected to personal opinions not professional values and beliefs. In a climate where nursing is challenged to develop their role as collaborative partners in the health care system it is evident in participant descriptions that nurses must begin this partnership within the profession. As in the evolving role of the nurse, students must first look to themselves before they can extend role meaning to others.

Promoting a sense of community within the structure of the nursing program would facilitate the development of a sense of collegiality within the student population that would extend to anticipated workplace settings. Curriculum structures specifically geared

to the nursing community and organizations in relation to external influences such as political, economic, environmental and social contexts would perhaps equip the students with a realistic notion of their collective role.

Conclusion #3: *Events used by faculty to teach norms, values & beliefs*

Events described by faculty participants that facilitate student learning of norms, values and beliefs are grounded in process structures within the curriculum. The small group learning inherent in the theory of PBL establishes the dialogue and interactions described by students within the classroom and clinical components of the program. Watson (1989) considers this type of learning in dialogue as, interhuman and intersubjective events that draw attention to individual and contextual meaning. Some of the literature proposes that classroom and clinical components of the program require differing approaches to learning because of the necessary competency requirements in terms of clinical skills that students are mandated to learn. This is clearly not indicated in this university school of nursing with this sample of students. Clinical and classroom approaches support the humanistic or interactionalist approach to learning. One faculty participant, a clinical tutor, explains that students are required to assess, plan, implement and evaluate their nursing care within the clinical placements using conference and individual tutor meetings to discuss their learning. Placement of this clinical conference in terms of structure of the day is something that this tutor individualizes to meet the needs of student groups. Some students who are new to the clinical environment need to use dialogue to clarify and validate their new experiences with peers and tutors midway through their day. Others that are experienced in their placements find the conference helpful at the beginning or end of the day. This is an important aspect of student learning voiced by

both faculty and student participants. Both groups indicated that tutor and peer support, through dialogue in conferences is as essential as the theoretical classroom dialogue. As a tutor, it may be easier to create a learning format where students are passive recipients of learning. The philosophy of students forming their own meaning structures would not be developed nor would there be flexibility in teaching strategies to treat students as individuals who all have different perspectives that need to be explored. It would be contradictory to teach students to expand their perspective and to include others if only the perspective and experience of the teacher was valued within the school program. Individuality would also be compromised and not incorporated into value and belief structures of students in their nursing practice.

Implication #3

Structuring the process of curriculum in nursing education does not have to incorporate functionalist approaches to teaching and learning. To effectively integrate the humanistic caring values of the teaching and learning process into the clinical nursing practice of students, the teaching strategies within the clinical component of the program must reiterate the same value structures evident in the classroom component. Separating theory from practice creates a greater distance between the person and professional, the self and the role. For students to incorporate the meaning and value structures that represent aspects of socialization into the role, the values and beliefs of the theory must be congruent with those of clinical placements. To introduce different approaches to teaching and learning in the clinical setting and classroom, theory would be distanced further from practice.

Conclusion #4 *Strategies used to teach norms, values & beliefs*

Strategies used by faculty participants to teach the norms, values and beliefs of the profession strongly relate to the individual values and philosophies of faculty members. The faculty participants of this school each described different strategies that they employed, many customized to the individuals within the small groups. The flexibility beckoned by this program philosophy would not suit the style of all nursing educators. It therefore becomes necessary to explore the self in role of educator before visiting the strategies used to teach within this program. This is exactly what the faculty participants did within their LifeMapping documents that altered the format of this portion of the research. Teaching students to focus on themselves before extending themselves within their role is a value reflected within each one of the five faculty participant documents and evident in the interview descriptions also. It is evident that the teaching strategies and the values taught by the faculty of this school are similar, all within the value structures of the school philosophy yet individualized to meet the needs of the changing student population and the changing health care environment to which the students will be progressing. To say that professional socialization of nursing students occurs at this school of nursing would be false. Students are not socialized within this program to perpetuate the values, beliefs and attitudes of faculty members as role models nor are they socialized to perpetuate the nurses within their clinical settings. Students of this program are socialized to think, to communicate effectively, make informed choices and to care. These qualities are incorporated into the care of their patients wherever or whatever the health care context. Asking faculty participants to describe strategies used to teach role meaning became a paramount task. Some of the examples used by faculty

participants included: tutor role modeling, case scenarios in PBL, extracurricular reading and monitoring of events, films, conferences, workshops that may facilitate learning in an alternate context, progressive small group interactions to explore conceptual meaning and extending the meaning to nursing practice. Teaching strategies are dynamic within the boundaries of student objectives and process factors, however the boundaries of objectives may be expanded or narrowed as the process factors facilitate learning through dialogue.

Implication #4

Implications for teaching strategies are grounded in the school and faculty philosophies of teaching and learning. Flexibility to adjust to the needs of individual people and the factors relevant in the changing environment of health care is essential and must be built into the process factors of the curriculum.

Faculty development and life-long learning must be essential factors of faculty participation in the program to enable faculty members to expand their awareness of teaching strategies and incorporate varied dimensions of learning. Altering the format and location of classes permits students to engage with and apply their learning within varied contexts.

Conclusion Summary

Literature reveals that the process of professional socialization is complex and involves internalizing the values, beliefs and attitudes of a fully qualified practitioner. Exploring professional socialization directed this research study to explore the individual person engaged in role orientation within the context of teaching and learning in a university

school of nursing. To effectively gain an understanding of the person inside the nurse, components of professional socialization were explored including individual awareness of choice and influencing factors involved in choosing to study nursing, difficulties and changes encountered while navigating the program, faculty perceptions of events used to teach the values, beliefs and attitudes typical of a nurse and the strategies used in the teaching process. Factors relating to external influences on the process of professional socialization were narrowed to those within the nursing school education program. Participant descriptions, interviews and questionnaires promoted an understanding of the process, although findings revealed that professional socialization did not occur within this university school of nursing. Components of a socializing process are evident but student and faculty member descriptions indicated that processes are connected to teaching and learning rather than perpetuation of values, beliefs and behaviors of practicing nurses. The fact that the process of professional socialization involves internalization of values, beliefs and attitudes of fully qualified practitioners was not demonstrated in this study within the boundaries of this education program and has been succinctly described in the two excerpts from students at the beginning of Chapter Four. Understanding the process was accomplished in terms of the teaching and learning strategies within this program and the role meaning described by students in their LifeMapping documents and interviews. Although there is no evidence in the true sense of students internalizing the values, beliefs and attitudes of nurses in the practice, the process involved in this nursing education setting involved a combined learning of life roles and professional roles and the integration of self within the role.

Evidence that program structures and process of this university facilitates learning in terms of the person and the role of nurse is overwhelming. Process factors directing student learning was one of the most impressive outcomes of this study and these factors give insight into the implications for educators to learn. The duality of the learning evident in this study contrasts with the concepts of real and ideal questioned within nursing practice and life experiences. Students entering this program are equipped with a vision of a nurse from past experiences. While navigating the learning process students test, interpret, revise and incorporate value structures into their network of meanings. The person inside of the nurse ultimately determines how the student constructs role meaning. The person inside of the nurse decides the events that determine meaning and how the meaning is interpreted and understood in order to anticipate and predict the future. We are all scientists craving for learning through experiences, interpreting and understanding. As an individual I navigate education based on my past experiences, meanings and value structure. Your interpretations will be different than mine and cannot be classified with others. Professional socialization is a phenomenon that cannot be explained and does not exist in reality to be understood. The process of professional socialization cannot exist within the learning process if the person inside of the nurse is approached as a unique individual with a past to be understood, a present to be interpreted and a future to anticipate.

“Remen (1994) reminds us that recovery of the sacred is not about ‘something more’; it is not about adding on to yourself, nor fixing yourself. The sacred is not acquired; it is remembered. It is about retrieving that which we have hidden from ourselves, individually and collectively” (Watson, 1999; p. 83).

Glossary: B-Ed

Beliefs : Emotional components or set of assertions with emotional bias about what should be true. Beliefs encompass anticipations, constructs, attitudes and explanations of what a person believes to be going on Dallos, R. (1991),

Family belief systems, therapy and change. A constructional approach.

Buckingham, Great Britain: Open University Press.

Change Agent: A person who takes the learned “new way” of a role into a workplace where people are still practicing by the “old way” Cherniss, C. (1980),

Professional burnout in human service organizations. New York: Praeger, p. 263

Cognitive: Perception, act of knowing

College of Nurses of Ontario: The established group who regulates nursing to protect the public interest. CNO also represents the licensing body for nurses. College of Nurses (1996). Professional Profile: CNO quality assurance program, growing quality in nursing.

Toronto: College of Nurses

Core Values: Aspects of good or bad, right or wrong, learned through parents and family structure as an infant through to adulthood. These values may or may not be uniform in keeping with those of society. Dallos, R. (1991). Family belief systems, therapy and change. A constructional approach. Buckingham, Great Britain: Open University Press, p. 108.

Education Innovation: To introduce something into education that is new and inventive. A significant change from what has already been in place.

Glossary H-Me

Holistic experiential model: a model based on the belief in the value of viewing the person as a whole; who develops, has life experience, personal history and is an active participant in the development of their health care experience. Walton, J.C. (1996). The changing environment: New challenges for nursing education. Journal of Nursing Education, 35, (9), 401.

Humanistic View: looking at or studying a situation from the person's perspective with the primary interest being in the other person's meaning. Bailey, D.M. (1997). Research for the health professional. A practical guide. (2nd ed.). Philadelphia: F.A. Davis, p.39.

Humanitarian Values: The values of service and nurturing, largely idealistic interpretations of the nursing role that emphasize female virtues in our society. These virtues are transferred into professional traits i.e. emphasis on emotional components rather than technical. Cohen, H.A. (1981). The nurse's quest for a professional identity. Menlo Park, CA: Addison-Wesley, p.109-110.

Layperson: Those members of society who are outside of the occupation and not familiar with all of the components of the role.

Medical Curative Model: a model based on the belief that there is one answer to a patient's physical problem and less attention is placed on the whole person and the contextual influences on health care outcomes. The patient is referred to in terms of their health problem. Walton, J.C. (1996). The changing environment: New challenges for nursing education. Journal of Nursing Education, 35, (9), 401.

Glossary: Mu-Oc

Multidimensional: A process having many parts or components together making the whole.

Negotiated Meaning: When a verbal interaction takes place, we must never assume that the other person has understood what we have said in the same way that we have understood. Instead, a two-way negotiation process takes place whereby both parties arrive at or create shared meanings. Dallos, R. (1991). Family belief systems, therapy and change. A constructional approach. Buckingham, Great Britain: Open University Press, p.3.

Norms: Guidelines to appropriate behaviors within a professional group. There is a range of appropriate behaviors for seeking admittance to the profession, for entry into its formal and informal groups and for progressing within the occupational hierarchy. Greenwood, E. (1972). Attributes of a profession. In R.M. Pavalko (Ed.). Sociological perspectives on occupations. Itasca, Ill.: F.E. Peacock, p.13.

Novice: An individual who has completed the requisite education and training of an occupation and is now in a process of role transition from student to professional within a workplace environment.

Occupational Identity: The internalization of normative values, beliefs and behaviors of an occupation.

Occupational Norm: A standard of behavior that has been deemed acceptable within an occupational role.

Glossary: Pa-Se

Paradigm Shift: An alteration in the philosophy and/or model used as a standard framework of theory. DeVinne, P.B. (Ed). (1990). Webster's Illustrated Encyclopedic Dictionary. Montreal, Canada: Tormont Publications.

Professional: An individual's status based on membership within an occupational group that has attained the status of professional by virtue of a standard set of criteria.

Professionals, who have already been granted the status of "professional", by people within society, establish criteria. The reward for successful identification with the status "professional" is autonomy and influence. Bucher, R. & Stelling, J. (1977) .

Characteristics of professional organizations. In R.L. Blankenship (Ed.), Colleagues in organization. The social construction of professional work (pp.123). New York: John Wiley & Sons.

Professional Socialization: The process by which individuals are influenced or molded to assimilate and reflect the value dimensions of a given profession. Abbott, A.A. (1988). Professional choices: Values at work. Silver Spring, MD: National Association of Social Workers, p. 31.

Role Modeling: Individuals, who are agents of socialization, model certain behaviors in an effort to influence and teach those who are learning occupational roles.

Role-taking: Those individuals who internalize and display appropriate behaviors of the occupational role

Self-Concept: An individual's perception of their inner identity, their values and attitudes, in relation to developed or developing social roles.

Glossary: So-Va

Socialization: The process whereby people acquire the values, attitudes, interests, skills and knowledge- or culture- current in the groups to which they are or seek to become a member. It refers to the learning of social roles. Pavalko, R.M. (1971). Sociology of occupations and professions. Itasca, Ill.: F.E. Peacock, p.81.

Socializing Agent: Those individuals or experiences that portray the norms, values and beliefs of the occupational role into which the student aspires to be a member. Agents may be internal or external to the formal socialization process but have some influence on the process outcome. Olesen, V.L. & Whittaker, E.W. (1968). The silent dialogue. A study in the social psychology of professional socialization. San Francisco: Jossey-Bass, p.8.

Symbols: The language, tools, clothing, demeanor, history, heroines that represent meaning and membership of a specific social group. Haas, J. & Shaffir, W. (1987).

Becoming doctors: The adoption of the cloak of competence. Greenwich, CT.: Jai Press.

Values: The basic and fundamental beliefs of a social group, the unquestioned premise upon which the groups existence rests. The primary value of a professional group is the essential worth of service extended to the community. Greenwood, E. (1972). Attributes of a profession. In R.M. Pavalko, (Ed.). Sociological perspectives on occupations (pp.12). Itasca, Ill.: F.E. Peacock.

References

- Applebee, A.N. (1996). Curriculum as conversation. Transforming traditions of teaching and learning. Chicago: University of Chicago Press.
- Arthur, D. (1992). Measuring the professional self-concept of nurses: A critical review. Journal of Advanced Nursing, 17, 712-719.
- Bailey, D.M. (1997). Research for the health professional. A practical guide. (2nd ed.). Philadelphia: F.A. Davis.
- Bannister, D. & Fransella, F. (1986). Inquiring man: The psychology of personal constructs. London: Croom Helm.
- Barrows, H.S. (1988). The tutorial process. Springfield, IL: Southern Illinois University School of Medicine.
- Baumgart, A.J. & Kirkwood, R. (1990). Social reform versus education reform: University nursing education in Canada, 1919-1960. Journal of Advanced Nursing, 15, 510-516.
- Baxter, R.C.S. (1992). Labeling students in nursing. Journal of Advanced Nursing, 17, 971-974.
- Benor, D.E. & Leviyof, I. (1997, May). The development of students' perceptions of effective teaching: The ideal, best and poorest clinical teacher in nursing. Journal of Nursing Education, 36 (5), 206-211.
- Bevis, E.O. & Watson, J. (1989). Toward a caring curriculum. A new pedagogy for nursing. New York: National League for Nursing.
- Bogdan, R.C. & Bilken, S.K. (1998). Qualitative research for education. An introduction to theory and methods. (3rd ed.). Needham Heights, MA: Allyn & Bacon.

- Bradby, M. (1990). Status passage into nursing: Another view of the process of socialization into nursing. Journal of Advanced Nursing, 15, 1220-1225.
- Brown, S.C. & Gillis, M.A. (1999). Using reflective thinking to develop personal professional philosophies. Journal of Nursing Education, 38 (4), 171-174.
- Buckingham, G.L. & Mayock, A. (1994). An objective selection system to identify the qualities for a career in nursing. Nurse Education Today, 14, 209-215.
- Chalmers, K.I., Bramadat, I.J., & Andrusyszyn, M. (1998). The changing environment of community health practice and education: Perceptions of staff nurses, administrators, and educators. Journal of Nursing Education, 37 (3), 109-117.
- Cherniss, C. (1980). Professional burnout in human service organizations. New York: Praegar.
- Church, O.M. (1990). Nursing's history. What it was and what it was not. In N.L. Chaska (Ed.), The nursing profession. Turning points. (pp. 3-8). St. Louis, MO: C.V. Mosby.
- Clayton, G.M. (1989). Curriculum revolution: Defining the components. Journal of Professional Nursing, 5 (1), 6, 55.
- Clayton, G.M. & Murray, J.P. (1989). Faculty-student relationships: Catalytic connection. In National League for Nursing, Curriculum revolution: Reconceptualizing nursing education. (pp.43-53). New York: National League for Nursing.
- Cohen, H.A. (1981). The nurse's quest for a professional identity. San Francisco: Addison-Wesley.
- College of Nurses of Ontario. (1995). Guidelines for professional behavior. Toronto,

Canada: College of Nurses of Ontario.

Comack, M.C., Brady, J. & Porter-O'Grady, T. (1997). Professional practice. Journal of Nursing Administration, 27 (12), 32-41.

Connelly, F.M. & Clandinin, D.J. (1988). Teachers as curriculum planners. Narratives of experience. Toronto, Canada: OISE Press/ The Ontario Institute for Studies in Education.

Dallos, R. (1991). Family belief systems, therapy and change. A constructional approach. London: Open University Press.

Day, R.A., Field, P.A., Campbell, I.E. & Reutter, L. (1995). Students' evolving beliefs about nursing: From entry to graduation in a four-year baccalaureate programme. Nurse Education Today, 15, 357-364.

Diamond, C.T.P. (1988). Construing a career: A developmental view of teacher education and the teacher educator. Journal of Curriculum Studies, 20 (2), 133-140.

Diekelmann, N.L. (1989). The nursing curriculum: Lived experiences of students. In National League for Nursing. Curriculum revolution: Reconceptualizing nursing education. (pp. 25-41). New York: National League for Nursing.

Donner, G., Semogas, D. & Blythe, J. (1994). Towards an understanding of nurses' lives: Gender, power and control. In A.O.Baumann & L.L. O'Brien-Pallas, (Eds.), Quality of Nursing Worklife Research Unit Monograph Series. Toronto, Canada: Faculty of Nursing University of Toronto, School of Nursing, Faculty of Health Sciences, McMaster University.

duToit, D. (1995). A sociological analysis of the extent and influence of professional socialization on the development of a nursing identity among nursing students at

- two universities in Brisbane, Australia. Journal of Advanced Nursing, 21, 164-171.
- French, P. & Cross, D. (1992). An interpersonal-epistemological curriculum model for nursing education. Journal of Advanced Nursing, 17, 83-89.
- Glen, S. (1995). Towards a new model of nursing education. Nurse Education Today, 15, 90-95.
- Glen, S. & Clark, A. (1999). Nurse education: A skill mix for the future. Nurse Education Today, 19, 12-19.
- Glendon, K. & Urich, D. (1992). Using cooperative learning strategies. Nurse Educator, 17 (4), 37-40.
- Goldenberg, D. & Iwasiw, C. (1993). Professional socialization of nursing students as an outcome of a senior preceptorship experience. Nurse Education Today, 13, 3-15.
- Gove, W.R. & Carpenter, G.R. (1982). Introduction. In W.R. Gove & G.R. Carpenter (Eds.), The fundamental connection between nature and nurture. A review of the evidence. (pp. 1-22). Lexington, MA: D.C. Heath & Company.
- Gray, M. & Smith, L.N. (1999). The professional socialization of diploma of higher education in nursing students (Project 2000): A longitudinal qualitative study. Journal of Advanced Nursing, 29 (3), 639-647.
- Guinee, K.K. (1970). The professional nurse. Orientation, roles and responsibilities. New York: MacMillan.
- Haas, J. & Shaffir, W. (1987). Becoming doctors: The adoption of the cloak of competence. Greenwich, CT: Jai Press.
- Hart, E. & Bond, M. (1995). Action research for health and social care. A guide to

- practice. London: Open University Press.
- Harth, S.C., Bavanandan, S., Thomas, K.E., Lai, M.Y. & Thong, Y.H. (1992). The quality of student-tutor interactions in the clinical learning environment. Medical Education, 26, 321-326.
- Hayden, J. (1995). Professional socialization and health education preparation. Journal of Health Education, 26 (5). 271-274.
- Heliker, D. (1994). Meeting the challenge of the curriculum revolution: Problem-based learning in nursing education. Journal of Nursing Education, 33 (1), 45-47.
- Hjelle, L.A. & Ziegler, D.J. (1976). Personality. Theories: Basic assumptions, research and applications. New York: McGraw Hill.
- Holland, K. (1999). A journey to becoming: The student nurse in transition. Journal of Advanced Nursing, 29 (1), 229-236.
- Howard, M.T. (1999, January/February). Paying the price of caring. Registered Nurse Journal, 11 (1), 7-8.
- Howkins, E.J. & Ewens, A. (1999). How students experience professional socialization. International Journal of Nursing Studies, 35, 41-49.
- Huff, C. (1997). Cooperative learning: A model for teaching. Journal of Nursing Education, 36 (9), 434-436.
- Hughes, J.E. (1966). The social context of professionalization. In H.M. Vollmer & D.L. Mills (Eds.), Professionalization. (pp.64-70). Englewood Cliffs, NJ: Prentice Hall.
- Jacox, A. (1978). Professional socialization. In N.L. Chaska (Ed.), The nursing profession. Views through the mist. (pp. 10-20). New York: McGraw-Hill.
- Jarvis, P. (1992). Reflective practice and nursing. Nurse Education Today, 12 174-181.

- Jarvis, P. (1993). Meaning, being and learning. In P.Jarvis & N. Walters (Eds.), Adult education and theological interpretations. (pp. 91-104). Malabar, FL: Krieger.
- Jutras, M.T. (1988). Nursing as a profession. In H.F. Hughes, M.T. Jutras, L.D. Riddle, K.D. Wagner & D.M. Webb (Eds.), Nursing. From education to practice. Prescription for success. CT: Appleton & Lange.
- Karuhije, H.F. (1997, April-June). Classroom and clinical teaching in nursing: delineating differences. Nursing Forum, 32 (2), 5-12.
- Kelly, G. (1955). The psychology of personal constructs. Clinical diagnosis and psychotherapy. New York: W.W. Norton & Company.
- Kompf, M. (1993). Ethical considerations in teacher disclosure: Construing persona and methods. Teaching and Teacher Education, 9 (5/6), 519-528.
- Kompf, M. (1999). Developmental issues in teaching and learning-ED5P33 (course outline for Master of Education Program, Brock University). St Catharines, Canada: Brock University.
- Krichbaum, K. (1994). Clinical teaching effectiveness described in relation to learning outcomes of baccalaureate nursing students. Journal of Nursing Education, 33 (7), 274-277.
- Larson, M.S. (1977). The rise of professionalism. A sociological analysis. CA: University of California Press.
- Maloney, M.M. (1992). Professionalization of nursing. Current issues and trends. (2nd ed.). Philadelphia, PA: J.B. Lippincott.
- Marks-Maran, D. (1999). Reconstructing nursing: Evidence, artistry and the curriculum. Nurse Education Today, 19, 62-70.

- Meadows, L.C. (1998). Integrating self-care into nursing education. Journal of Nursing Education, 37 (5). 225-227.
- McDonald, N.C. (1996). Teaching from a treetop. Nurse Educator, 21 (1), 32-36.
- McGuire, C., Foley, R.P., Richards, R.W. & Associates. (1983). Handbook of health professionals education. San Francisco: Jossey-Bass.
- McMillan, J.H. (1992). Educational Research: Fundamentals for the consumer. Harper Collins.
- Moore, W.E. (1970). The professions: Roles and rules. New York: Russell Sage Foundation.
- Neuman, W.L. (1991). Social research methods. (3rd ed.). Boston, MA: Allyn & Bacon.
- Oermann, M.H. (1999, July/August). Developing a teaching portfolio. Journal of Professional Nursing, 15 (4), 224-228.
- Olesen, V.L. & Whittaker, E.W. (1968). The silent dialogue. San Francisco: Jossey-Bass.
- Olsson, H.M. & Gullberg, M.T. (1991). Nursing education and definition of the professional nurse role. Expectations and knowledge of the nurse role. Nurse Education Today, 11, 30-36.
- Pavalko, R.M. (1971). Sociology of occupations and professions. Itasca, IL: F.E. Peacock.
- Pearson, L.B. (1992). The inner dimension. In P. Jensen, The inside edge. High performance through mental fitness. (p.9). Toronto, Canada: McMillan.
- Pease, J. (1972). Faculty influence and professional participation of doctoral students. In R.M. Pavalko (Ed.), Sociology of occupations and professions. (pp.177-185). Itasca, IL: F.E. Peacock.
- Purdy, M. (1994). Nurse education and the impact of professionalisation. Nurse

- Education Today, 14, 406-409.
- Reutter, L., Field, P.A., Campbell, I.E. & Day, R. (1997). Socialization into nursing: Nursing students as learners. Journal of Nursing Education, 36 (4), 149-155.
- Rindfuss, R.R., Cooksey, E.C. & Sutterlin, R.L. (1999, May). Young adult occupational achievement. Early expectations versus behavioral reality. Work and Occupations, 26 (2), 220-263.
- Rokeach, M. (1979). From individual to institutional values: With special reference to the values of science. In M. Rokeach (Ed.), Understanding human values, individual and societal. (pp.47-70). New York: Free Press.
- Sajiwandani, J. (1993). Exploring the process of learning in human ecology. Nurse Education Today, 13, 349-361.
- Schank, M.J. & Weis, D. (1989). A study of values of baccalaureate nursing students and graduate nurses from a secular and a nonsecular program. Journal of Professional Nursing, 5 (1), 17-22.
- Sellers, E.T. & Dean, C. (1999). Nurse education in Australian universities in a period of change: Expectations of nurse academics for the year 2005. Nurse Education Today, 19, 53-61.
- Shed, H. (1991). Role conflict in student nurses: Towards a positive approach for the 1990's. Journal of Advanced Nursing, 16, 736-740.
- Simpson, I.H. (with Black, K.W., Inles, T. Kerckhoff, A.C. & McKinney, J.C.) (1979). From student to nurse. A longitudinal study of socialization. London: Cambridge University Press.
- Strickland, C.J. (1999). Conducting focus groups cross-culturally: Experiences with

- Pacific Northwest Indian people. Public Health Nursing, 16 (3), 190-197.
- Torres, G. & Stanton, M. (1982). Curriculum process in nursing. A guide to curriculum development. Upper Saddle River, NJ: Prentice-Hall.
- Thoreau, H.D. (1998). Awareness. In C. Carter-Scott (Ed.), If life is a game, these are the rules. New York: Broadway Books.
- Thyer, S.E. & Bazeley, P (1993). Stressors to student nurses beginning tertiary education: An Australian study. Nurse Education Today, 13, 336-342.
- Tyler, R.W. (1949). Basic principles of curriculum and instruction. Chicago: University of Chicago Press.
- Vierra, A., Pollock, J. & Golez, F. (1998). Reading educational research. (3rd ed.). Upper Saddle River, NJ: Prentice-Hall.
- Walton, J.C. (1996). The changing environment: New challenges for nursing education. Journal of Nursing Education, 35 (9), 400-405.
- Watson, J. (1999). Postmodern nursing and beyond. London: Churchill Livingstone.
- Weber, M. (1962). Basic concepts in sociology. (H.P. Secher, translation). Secaucus, NJ: The Citadel Press.
- Webster's (1988). Webster's dictionary and thesaurus. (1989 ed.). Ivyland, PA: POP-M.
- White, M.J., Amos, E. & Kouzekanani, K. (1999, March/April). Problem-based learning. An outcomes study. Nurse Educator, 24 (2), 33-36.
- Wilde, V. (1992). Controversial hypotheses on the relationship between research and informant in qualitative research. Journal of Advanced Nursing, 17, 234-242.
- Williams Jr., R.M. (1979). Change and stability in values and value systems: A sociological perspective. In M. Rokeach (Ed.), Understanding human values,

individual and societal. (pp.15-46). New York: Free Press.

Wong, J. & Wong, S. (1987). Towards effective clinical teaching in nursing. Journal of Advanced Nursing, 12, 505-513.

Zimmerman, L. & Westfall, J. (1988). The development and validation of a scale measuring effective clinical teaching behaviors. Journal of Nursing Education, 27 (6), 274-277.

Appendix A

Ethics Letter of Approval: Brock University



Brock University

Research with Human Participants**Extensions 3573/4315, Room B317**

FROM: Robert Ogilvie, Chair
Standing Subcommittee on Research with Human Participants

TO: Michael Kompf, Education

FILE: 99-006 Bobbi Biggs

DATE: July 23, 1999

The Brock University Standing Subcommittee on Research with Human Participants has reviewed the research proposal:

The Person Inside The Nurse: The Socialization of Baccalaureate Nursing Students Into The Profession

The Subcommittee finds that your proposal conforms to the Brock University guidelines set out for ethical research.

DB/ml

Appendix B

Participant Criteria Questionnaire



Brock University

Faculty of Education
Graduate and Undergraduate Studies

St. Catharines, Ontario
Canada L2S 3A1

Telephone (905) 688-5550 Ext. 3340
Fax (905) 688-0544

Participant Criteria Questionnaire

Level I, II, III, IV

Please answer the following questions to determine if you qualify to participate in the research study: "The Person Inside The Nurse"

- 1) I entered into the BScN program directly following completion of high school.
YES NO
- 2) I have been required to repeat courses within the nursing program.
YES NO
- 3) I entered this BScN program as a transfer student.
YES NO
- 4) I have been employed in a health care setting.
YES NO
- 5) I have done volunteer work in a health care setting.
YES NO
- 6) I have participated in a cooperative placement during high school in a health care setting.
YES NO

Do not put your name on this sheet. Complete and return it to Bobbi Biggs to obtain further details about study participation.

The above study exclusion criteria have been developed ONLY to eliminate factors that may influence study findings/results.

Thank you for your time and I appreciate your interest and assistance.

Appendix C

Research Letter of Introduction



 Brock University

Faculty of Education
Graduate and Undergraduate Studies

St. Catharines, Ontario
Canada L2S 3A1

Telephone (905) 688-5550 Ext. 3340
Fax (905) 688-0544

**The Person Inside The Nurse.
Professional Socialization of Baccalaureate Nursing Students**

Dear Colleague:

Hello! My name is Bobbi Biggs. I would like to invite you to participate with me in a study to learn more about the process of professional socialization. The goal of this study is to explore the process of professional socialization from the perspective of nursing students. Socialization into a profession means that students are taught the norms, values and beliefs that will be the foundation of their nursing practice. Learning more about professional socialization is important because the norms, values and beliefs of our nursing practice guides and directs the behavior, judgments and decisions that nurses make to promote the health and well-being of their patients

I am a student enrolled in the Master of Education program at Brock University, St. Catharines. I am also a Registered Nurse and a graduate of the McMaster University Post-RN, BScN program. I have practiced nursing for twenty-three years in various roles and I am currently an advisor and clinical instructor for students in a Post-RN BScN distance education program. I am registered with the College of Nurses and a member of the Registered Nurses Association.

We are researchers every day. Our daily research may look different than this one but essentially research is a process of discovering, learning, challenging and changing.

If you are interested in participating with me in this research I would like to invite you to meet with me and I will provide you with more details and answer any questions you may have. Together, as colleagues, we can contribute to our nursing profession and to our education by exploring, what it means to be a nurse!

Bobbi Biggs RN BScN MEd.(C)

Appendix D

Invitation To Participant Meeting



 Brock University

Faculty of Education
Graduate and Undergraduate Studies

St. Catharines, Ontario
Canada L2S 3A1

Telephone (905) 688-5550 Ext. 3340
Fax (905) 688-0544

The Person Inside The Nurse
The Professional Socialization of Baccalaureate Nursing
Students

Dear Colleague:

If you would be willing to participate in the study:

1) Come to a meeting in 2J 36 b&c September 20 between 11:30 – 1:00

(LUNCH SERVED)

2) You can email me at bobbi.biggs@sympatico.ca

OR

3) You can call me at 1-519-443-7045 (collect)

OR

4) You can put your name, email, and phone number on the bottom of this sheet and leave it with me following this class.

Thank you. I would appreciate your assistance!

Bobbi Biggs RN BScN MEd (C)

Circle the year of the nursing program that you are beginning (Sept. 1999)

I II III IV

Name:

Email:

Phone Number:

Appendix E

Year I Consent



 Brock University

 Faculty of Education
 Graduate and Undergraduate Studies

 St. Catharines, Ontario
 Canada L2S 3A1

 Telephone (905) 688-5550 Ext. 3340
 Fax (905) 688-0544

Brock University Department of Graduate Studies/ Faculty of Education

Consent Form/Year I

Title: The Person Inside The Nurse:

The Socialization Of Baccalaureate Nursing Students Into The Profession

Researchers: Bobbi Biggs RN BScN and Dr. Michael Kompf, PhD (Study Supervisor)

Participant Name (Please Print): _____

I understand that this study will involve exploration of the socialization of student nurses into the Nursing profession. The study, conducted at _____ University, is for the purpose of partial fulfilment of the requirements for the Master of Education degree, Brock University, St Catharines. Participation involves study of the meaning that you ascribe to being a nurse and the factors influencing your decision to study nursing. As a participant you will receive a code to secure anonymity, complete a mapping document and agree to one individual audiotaped interview, conducted by the researcher following mapping completion. Seven of your colleagues will be completing the mapping document and four will be randomly selected to participate in one follow-up interview. Selection for the interview will be established using a draw of assigned codes. Completing the mapping document could include a time investment of up to 2 hours. The document, labelled only with your code, will be returned to the researcher in person, at the university, within a two week period. The researcher will analyze data contained in the documents to describe emerging themes and/or patterns of meaning and influencing factors. Identifying data from the documents will not be included in transcriptions and participants will have the opportunity to view the transcription summaries to verify researcher understanding. The researcher will contact interview participants to arrange a mutually convenient time and location for the interview. Interviews will be conducted to elaborate on and discuss the summarized data, individually, and audio tape recorded for transcription purposes by the researcher. Interview data will be validated with participants to insure that the researcher has understood themes and patterns as described by participants.

Appendix E-1

Second Page Year I-IV and Faculty Consent Forms

BROCK UNIVERSITY DEPARTMENT OF GRADUATE STUDIES

I understand that I may choose not to answer certain questions and I am at complete liberty to withdraw from the study at any point in time, with no recourse. I understand that if I decide to withdraw from the study I will notify the researcher of my intent and any data supplied will be withdrawn from the study. Documents will be shredded and tapes destroyed. I understand that participation in this study will in no manner affect my studies and results of data and interviews will not be communicated to faculty. I understand that only the researchers named above will have access to the data for purposes of analysis and data will be transcribed and summarized by the researcher to exclude any identifying information. I understand that I will be given an opportunity to review data and audiotape transcriptions and may make amendments to data with the researcher. I understand that no identifying data will be included in the publication of this study although certain statements may be recognizable to the individual participant.

I understand that all documents and audiotapes will be kept strictly confidential and stored in a locked drawer till study completion. Documents will be shredded and tapes destroyed upon study completion. All information will be coded to avoid name identification on documents and audiotapes. I understand that these consents and all coding schemes will be kept by the researcher at her home in a locked drawer and I will not divulge my code to others. *Participant Signature:* _____ *Date:* _____

If you have any questions or concerns you can contact Bobbi Biggs at 519-443-7045 email: bobbi.biggs@sympatico.ca OR Michael Kompf, Brock University 905-688-5550 Ext. 3935 email: mkompf@ed.brocku.ca

Thank you for your help! A copy of this form will be returned to you for further reference.

A study summary will be forwarded to you in June 2000 if you circle "yes" below and provide the researcher with your address.

I have fully explained the procedures of this study to the above volunteer.

Researcher Signature: _____ *Date:* _____

YES Participant Address:

Appendix F

Year II, III, IV Consent



 Brock University

 Faculty of Education
 Graduate and Undergraduate Studies

 St. Catharines, Ontario
 Canada L2S 3A1

 Telephone (905) 688-5550 Ext. 3340
 Fax (905) 688-0544

BROCK UNIVERSITY*Consent Form/ Year II, III, IV***Title:** The Person Inside The Nurse:

The Socialization Of Baccalaureate Nursing Students Into The Profession

Researchers: Bobbi Biggs RN BScN and Dr. Michael Kompf, PhD (Study Supervisor)**Participant Name (Please Print):** _____

I understand that this study will involve exploration of the socialization of student nurses into the Nursing profession. The study, conducted at _____ University, is for the purpose of partial fulfilment of the requirements for the Master of Education degree, Brock University, St Catharines. Participation involves the study of the meaning that you ascribe to being a nurse and the factors within the education context that you believe have influenced this meaning. As a participant you will receive a code to secure anonymity, complete a mapping document and agree to one individual audiotaped interview conducted by the researcher following mapping completion. Seven of your colleagues will be completing the mapping document and a focus group interview of all eight participants will be conducted in November. Completing the mapping document could include a time investment of up to 2 hours. The document, labelled only with your code, will be returned to the researcher in person, at the university, within a two week period. The researcher will analyze data contained in the documents to describe emerging themes and/or patterns of meaning and influencing factors. Identifying data from the documents will not be included in transcriptions and participants will have the opportunity to view the transcription summaries to verify researcher understanding. The researcher will contact interview participants to arrange a mutually convenient time and location for the interview. Interviews will be conducted to elaborate on and discuss the summarized data and audio tape recorded for transcription purposes. Interview data will be validated with participants to insure that the researcher has understood themes and patterns as described by participants.

Appendix F-1

Faculty Consent



 Brock University

 Faculty of Education
 Graduate and Undergraduate Studies

 St. Catharines, Ontario
 Canada L2S 3A1

 Telephone (905) 688-5550 Ext. 3340
 Fax (905) 688-0544

*Consent Form/ Faculty***Title:** The Person Inside The Nurse:

The Socialization Of Baccalaureate Nursing Students Into The Profession

Researchers: Bobbi Biggs RN BScN and Dr. Michael Kompf, PhD (Study Supervisor)**Participant Name (Please Print):** _____

I understand that this study will involve exploration of the socialization of student nurses into the Nursing profession. The study, conducted at _____ University, is for the purpose of partial fulfilment of the requirements for the Master of Education degree, Brock University, St Catharines. Participation involves the study of the meaning ascribed to being a nurse that you feel is taught in this program and the strategies involved in teaching meaning. As a participant you will receive a code to secure anonymity, complete a mapping document and agree to one individual audiotaped interview conducted by the researcher following mapping completion. Seven of your colleagues will be completing the mapping document and a focus group interview of all eight participants will be conducted in November. Completing the mapping document could include a time investment of up to 2 hours. The document, labelled only with your code, will be returned to the researcher in person, at the university, within a two week period. The researcher will analyze data contained in the documents to describe emerging themes and/or patterns of meaning and influencing factors. Identifying data from the documents will not be included in transcriptions and participants will have the opportunity to view the transcription summaries to verify researcher understanding. The researcher will contact interview participants to arrange a mutually convenient time and location for the interview. Interviews will be conducted to elaborate on and discuss the summarized data and audio tape recorded for transcription purposes. Interview data will be validated with participants to insure that the researcher has understood themes and patterns as described by participants.

Appendix G

Original LifeMapping Document

LifeMapping

We begin the LifeMapping activity with a couple of basic procedures and assumptions. First the assumptions:

1. The experiences you have had are yours alone and have special meanings only you can make and understand.
2. Your meanings and understandings are private, confidential and need not be shared unless by your own free choice.
3. The meanings we make, as with self-concept, change because of time, other experiences and simply because we reflect on them.
4. Organizing and examining the text, context and sub-text of your life's stories is an important, worthwhile process which becomes more and more apparent as it is carried out.
5. No person should be victimized by her/his biography... the past cannot be changed, but the meanings we make from it can.

Appendix G-1

LifeMapping: Conceptual Background

1. Changing the understanding of developmental theorizing

Lifemapping is a process initially developed to facilitate understanding psychological theories of personality and development. As most of these theories are of the objective-diagnostic type, frameworks or taxonomies are established which provide a basis for normative (and demographic) comparisons between and among individuals or groups. While advantageous in terms of developing an historical-theoretical foundation for further study and application, such an orientation causes the various understandings and practices related to personality and development to become somewhat reified. Rapid socio-cultural change, or the postmodernist effect, has severely constrained the usefulness of traditional discipline based approaches to any study of humans and how they think and act.

2. Changing research in the understandings of developmental theorizing

Much recent writing embraces the necessary and desirable criteria of providing a research milieu for investigating the human condition in which subjectivity, ownership and co-interpretation of voice are given. The variety of qualitative research approaches taught and practiced in research and professional communities have produced a methodological abundance, which, in many cases, maintains tight researcher control. The Lifemapping approach challenges the circumstances of inquiry faced by investigator and participant alike. Psychological proprietorship for practical and research use of all data, stories and the like, rest with the individual completing the process. This form of self-research depends on the confidentiality required for the most personal journaling process. Research has shown that individuals may be reluctant for good reasons to share contents of the Lifemapping process. Overviews, or process reports allow discussion yet insulate individuals from disclosures which have problematic potential. In this way Lifemapping draws on Bannister's (1981) doctrine of reflexivity "The wisdom you gain from your researching exists independently of public demonstration, though it is fine if you can publicly demonstrate it." (p. 199).

3. Lifemapping Methods

In its simplest form, Lifemapping is a pencil and paper task which involves five steps:

- recalling life events by establishing a chronological continuum;
- exploring their past meanings and current implications;
- assigning and graphing a past and present impact rating for comparative purposes;
- manual clustering through a concept-mapping type of approach
- reflective interpretation of cluster and emergent themes or event patterns

In this format Lifemapping has been used as an investigative task in three separate courses of study at the undergraduate and graduate level (approximately 1500 participants to date) to facilitate the articulation and understanding of personal theories of development, learning and change. While clinical trials using Lifemapping as a personal history/story technique are still underway, early comments indicate it is a powerful, and revealing process.

In its current format, as developed from the foregoing manual application, Lifemapping has been produced as a computer-mediated process (CD designed for Windows 95 - beta version available December, 1996; Mac version in spring 1997). The life events elicited from participants were clustered by them into 32 like-meaning categories (e.g., work life, cultural, aesthetic, social, family, spiritual and so on). To facilitate analysis, life events are processed, first as central questions (e.g., Have you ever been married?), followed by elaborative questions (e.g., when did this happen?, describe the circumstances (elaborating text entry), rate impact at the time of occurrence (-10 to +10), what are the current and future implications of the event (elaborating narrative entry), rate impact now (-10 to +10), to what (or what other) cluster might the event belong?).

The individual responding to the Lifemapping process will encounter some 900 questions regarding the occurrence (or not) of a broad scope of life events. The text explanation and impact ratings are organized and accessible as: chronological progressions (e.g., day, month, year); as event clusters or combinations of clusters; as text/journal entries which provide a basis for writing life histories, autobiographies and the like; and as a projective device to facilitate anticipation of future events.

Lifemapping has a number of effects on individuals participating in the process. Research has found general reactions to include the benefits of life review, reminiscence and reflection. Review and feedback comments related to several aspects of the process include: simplification of an organizationally difficult task, increased control of meanings derived from life events, self-evaluation/examination, autobiographical scaffolding, affords analysis of discrete events (e.g., academic courses of study, workshops, programs, spousal relations, family events, employment histories, facilitates elicitation of personal histories for counseling, establish family & intergenerational histories, employee evaluation, establishing and tracking career pathways and so on).

4. Current Approaches

At present, plans are underway to treat the Lifemapping approach in three separate but related ways. As this process acknowledges and facilitates ownership in the elicitation, articulation and interpretation of an integrated, organized set of life experiences, the accumulations provided an enormous resource for not only making reflective sense of personal experience, but, if used as a journal/diary process, Lifemapping becomes a way to make deeper sense of the ongoing flow of events.

Selected Bibliography on Lifemapping

- Kompf, M. (1991) Reflected educational thought and action: construing retired teachers, *Teaching and Teacher Education*, (7) 5/6 pp. 479-490.
- Kompf, M. (1993) "Construing teachers personal development: reflections on landmark events through career mapping. Chapter in *Educational development: the contribution of research on teachers' thinking and action*. C. Day, J. Calderhead & P. Denicolo (Eds.) London: Falmer Press (pp. 167-176).
- Kompf, M. (1993) Ethical considerations in teacher disclosure: construing persons and methods. *Teaching and Teacher Education*, (8)
- Kompf, M. & Reinhart, E. (1995, July). "Anticipation and reflection: non-prophet activities?" Paper presented to the Eleventh International Congress on Personal Construct Psychology, Ramon Llull University, Barcelona, Spain
- Kompf, M. (August, 1995) "Self knowledge through life mapping and journaling: changing the practices of teachers in higher education". Paper presented to the International Study Association on Teacher Thinking, Brock University, Canada
- Kompf, M. & Reinhart, E. (1995, September). "A LifeMapping approach to understanding lives and careers in leadership". Published in the Proceedings of the British Educational Management and Administration Society
- Kompf, M. & Reinhart, E. (1996). A LifeMapping approach to understanding lives and careers in education. Chapter in *Education and change*. (Eds. J. Coetzee & J. Jordaan) Pretoria: University of South Africa (UNISA).

Appendix H

Adapted Mapping: Y-I

Mapping Procedures: Year I

Mapping has both surface and deep applications. This particular version is a pen(cil) and paper activity intended to introduce you to the process. Thus, the current process is more surface than deep, but depends on the time and input invested by you.

List what you feel are the 10(ten) most important events that led you to choose to study nursing in university. These events will provide the basic framework for establishing significant points on the line of your map.

Keyword Descriptor	Approximate Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Appendix H-1

Adapted Mapping Continued

You will notice a grid on the last page of your document. Across the bottom place the date entries that correspond to your keyword descriptors. Begin by entering the year that you began school and continue to make entries for each descriptor. On the vertical axis you will see numbers ranging from -10 to +10. This is where you will plot your impact rating according to the year.

Surface Analysis

Return to the list of Keyword Descriptors and enter the corresponding years onto your grid now in black. Consider the first event that you have listed and copy the Keyword and date below:

Keyword

Approximate Date

1. _____

Describe briefly what happened. Include where it happened and who else (if anyone) was involved in the event.

Description of Event # 1

This description represents a Surface analysis of Event #1.

Think about this event in terms of the impact and importance it held when it happened. Was it Positive or Negative? If it was Positive, how Positive was it? If it was Negative, how Negative was it? Use the Following Rating Scale to choose and impact rating for the event when it happened. (Circle the appropriate number).

-10 -9 -8 -7 -6 -5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5 +6 +7 +8 +9 +10

Go back to the grid (Timeline) you started and enter the number "1" in the appropriate spot above the date which corresponds to this event. Follow the same procedure for events 2 through 10 in the spaces below.

Appendix I

Adapted Mapping Year II, III & IV

Mapping Procedures: Year II,III, or IV

(Please begin by circling the corresponding year that you are now beginning)

Mapping has both surface and deep applications. This particular version is a pen(cil) and paper activity intended to introduce you to the process. Thus, the current process is more surface than deep, but depends on the time and input invested by you.

List what you feel are the 10 (ten) most important events in nursing school where you have learned what it means to be a nurse (examples: norms, values, beliefs and attitudes). These events will provide the basic framework for establishing significant points on the line of this map. Beside "Started Nursing School" enter the year that you entered Year I.

Keyword Descriptor	Approximate Date
Started Nursing School	_____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Appendix J

Adapted Mapping Faculty

Mapping Procedures: Faculty

Mapping has both surface and deep applications. This particular version is a pen(cil) and paper activity intended to introduce you to the process. Thus, the current process is more surface than deep, but depends on the time and input invested by you.

List what you feel are the 10 (ten) most important events that you feel are used to teach the nursing students what it means to be a nurse (example: norms, values, beliefs and attitudes). These events will provide the basic framework for establishing significant points on the line of your map.

Keyword Descriptor	Year Taught
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Appendix K

Year I Interview Outline

Monday Nov. 29th

What did you think of completing the mapping document?

1) Many of you have indicated in your mapping documents that the most important influences for your choice to study nursing were:

1. Subjects in school – *I like science
2. Age 5/6 – wanted to be a nurse
3. Experience as a child - +ve role model
4. Volunteer work- +ve and –ve impact
5. Family support – significant people involved in health care
6. Friends – think would make a good nurse – why? what do they see?

Is this a correct list or can you think of others that are significant?

How would you rate these in order of priority?

2) What do you believe to be the most unique and important thing about being a nurse?

3) Have you met a nurse here at the school that you would consider to be a good role model? Describe and name?

4) Has this view changed in the short time that you have been in nursing school? Do you think your view has changed because it was not a real image of a nurse?

5) What would you say is the most difficult thing you have had to contend with up till now in school?

How did you cope with it?

6) Many of you describe jobs or volunteer work in a health care environment. Do you think this had some impact on what you think it means to be a nurse? If yes – how?

7) Describe what you think is the most important value as a nurse? Where do you think that you learned this value?

8) What are your hopes and dreams for nursing?

9) What is your vision of yourself in 5 years?

10) What do you think that people other than nurses think it means to be a nurse today?
ie. friends, family, other students?

11) What does nursing work mean to you?

12) What sorts of difficulties have you encountered since you have been at nursing school?

Appendix L

Year II Interview Outline

November 16, 1999.

1. What were the most important factors influencing your choice to study nursing?
2. Do you feel that you have changed since you have been in nursing school? If so can you tell me about the changes?
3. What has been the most difficult part of nursing school up to now?
4. The word "tradition" was in two separate events of your mapping (related to photos in school and to family and heirlooms). What do you think is the significance of tradition and how do you relate this to what it means to be a nurse?
5. What are your thoughts about the most important qualities, attributes, and characteristics of a good nurse are? What do you base this on?
6. Many of the events in the mapping provide evidence that what it means to be a nurse are related to family, peers, tutors and patients. Who of this group contributes the most to your meaning of nurse?
6. When others acknowledge you as a nurse how does that make you feel?
7. What does nursing work mean to you?
8. What sorts of difficulties have you encountered while you have been at school?

Appendix M

Year III Interview Outline

Monday November 29, 1999.

What were your thoughts on completing the mapping document?

1. Thinking back to when you were deciding to study nursing what do you think were the most important factors that influenced your choice?

2. Do you think that you have changed since you have been in nursing school? If so how would you describe those changes?

3. Some of you have described events where you were: very stressed, frustrated, experienced differing values & beliefs than others, overwhelmed by the amount of knowledge needed, felt incompetent in your skills, felt powerless, that you didn't know what "professional" meant, that real life experiences differed from what you were learning from the books.

What would you say have been the most difficult things to contend with over the course of your schooling and how did you cope with difficulties?

4. Many of you have described that what it means to be a nurse for you has been derived from other people or interactions with other people such as: tutors, clinical nurses, peers, other nursing students and patients.

Who do you feel has influenced you the most of this group?

What do you feel are the most important characteristics of a "good nurse"?

5. Many of you have described communication, teamwork, critical thinking, holistic care, scientific knowledge, skill competence, education, teaching and nurse-patient relationships as the most important values and beliefs of a nurse.

Do these values and beliefs differ from what you thought nurses valued and believed prior to school?

6. There were only a few negative impact ratings on your mapping documents mainly related to skill development or feeling incompetent about your skills at the end of year 1.

a) Can you tell me more about this?

b) There are very few events that talk about skills in year 2. Does this mean there has been a change or does that mean that clinical skills do not help you to ascribe meaning to the role of nurse?

c) Literature describes a strategy called "studentship" where students set out to learn what tutors or teachers expect from them and manage their learning to provide the tutors with what they expect, which is often not what they feel they have learned.

d) Do you feel that studentship exists here, and do you engage in this strategy of studentship to navigate certain aspects of your program?

Appendix M-1

Year III Interview Outline Continued

7. Some students have indicated that when people have called them “nurse” they have felt like imposters up until one point in time, and they don’t deserve to be called “nurse”.

a) What are your thoughts on this?

b) How does it make you feel when people call you nurse?

8. When I graduated from nursing school I felt like a nurse but I knew that I was a full-fledged adult. Do you feel that others treat you more as an adult as you progress along in school? Can you explain this phenomenon?

9. How many of you have been volunteers or employed in the health care system while at nursing school?

Do you think this has influenced the way that you ascribe meaning to the nursing role?

Appendix N

Year IV Interview Outline

Wednesday November 24, 1999.

What did you think of completing the mapping document?

1. Thinking back to when you were deciding to study nursing what do you think were the most important factors that influenced your choice?

2. Do you think that you have changed since you have been in nursing school? If so how would you describe those changes?

3. Some of you have described events where you have been embarrassed, felt powerless as a student, been involved in personal or professional conflicts, felt alone, experienced differing expectations than others, inflicted pain on someone, had difficulty integrating into the clinical setting, felt incompetent and lacking knowledge, had difficulty adjusting to time schedules.

What would you say have been the most difficult things to contend with over the course of your schooling?

4. Most of you have described other nurses, tutors, preceptors, staff, as role models both positive and negative.

What do you feel are the most important characteristics of a "good nurse" that you would or have incorporated into your role?

5. Many of you have indicated that you have changed your view of nursing.

When do you feel that this change occurred?

Can you tell me about the change(s)?

6. Most of you have talked about advocacy, either patient advocacy or self-advocacy.

Can you tell me more about your feelings on this?

7. I noticed on your impact ratings that many events that were described as negative or very negative in the past have changed to positive or very positive for the present or future.

Some examples of this are: conflict with tutors, criticisms from other nurses in clinical, experiencing death and dying, theory integration to practice, time schedules: 12 hr. shifts, night shifts, talking to patients for the first time, performing personal care in areas normally considered private etc.

Can you explain this change from negative to positive?

Appendix N-1

Year IV Interview Outline Continued

8. Literature describes a strategy called “studentship” where students set out to learn what tutors expect from them and manage their learning to provide tutors with what they expect, which is often not what students feel they would like to learn.

a) Do you feel that “studentship” exists here, and do you engage in this strategy to navigate certain aspects of the program?

9. Some students have said that they feel like imposters when people refer to them as “nurse” up until one point in time. Others have said that they don’t feel that they deserve to be called “nurse” yet.

a) What are your thoughts on this?

b) What do you think is the point in time to be called “nurse” without being an imposter? or deserving to be called “nurse”?

10. How many of you have been involved in summer or part-time employment within the health care system since starting nursing school?

Do you think this has influenced how you have ascribed meaning to the nursing role?

11. Professional socialization is a complex process by which a person acquires the knowledge, skills and sense of occupational identity that are characteristic of a member of that profession. It involves the internalization of values and norms of the group into the person’s own behavior and self-conception. In the process the person gives up societal and media stereotypes prevalent in our culture and adopts those held by members of that profession.

a) Given this definition would you agree or disagree that during nursing school, you have all been engaged in the process of professional socialization? Can you explain?

Appendix O

Faculty Interview Outline: 4F23

1. **Case-Studies:** what **qualities and skills** do you think are represented in the case studies and simulated patients? Impact: 8 3 6
2. **Clinical:** you indicated that students observe and tryout and view how they present compared to the requirements. What **requirements** do you think the tutors/preceptors reference the students to?
3. **Tutor Modeling:** Based on your insight that tutor modeling depends on whether **students choose** to use or not – how effective a strategy do you think it is in terms of learning what it means to be a nurse? Impact 6 1 7
Students have preceptor models in the clinical practice. Do you feel that students are presented with a congruent role image between school and reality?
4. **Role Discussion:** Evidenced by your impact rating (-3 9 0) of teaching the formal rules from ideal to reality you have determined that there is a disparity between the two. This discussion becomes overshadowed by experience and ends up having no meaning for the students. Students have indicated that in some of the discussions tutors have shared stories of experiences that they do in fact recall and makes the discussion more meaningful. What are your feelings about the use of story to enhance role discussions?
5. **School Model:** You have indicated that the **School Model is a vehicle to teach** the nurse's role, meaning and purpose and certain conceptual rules and philosophy. Since this becomes an individual choice of whether to incorporate this into one's practice and your impact rating of this is low, what do think influences whether students actually adopt this model or choose not to? (Impact: 0 5 2 varies)
6. **Unsupervised Peer Discussion:** When students compare real to ideal in a reverse fashion to what it is taught what do you think influences this discussion? Can you comment on the notion that students accept tutors as the ideal and the preceptors as the real? Can you vision this disparity as being closer in some way? Impact: 1 10 -5
7. What do you believe to be the most unique and important things about being a nurse?
8. What is the context that you think that students ultimately derive meaning in? Do you feel that they link the two together and if so when does this occur in the 4 years of the program?
9. What would you say are the most difficult things that students encounter while navigating through the nursing program?
10. Many of the students indicated that they derived meaning and what it feels like to be a nurse from interactions with others. Who do you think are the primary legitimizing sources of role meaning for the students?

Appendix O-1

Faculty Interview Outline 4F23 Continued

11. The notion of studentship is indicated in literature as being relevant when exploring socialization. In fact some authors have indicated that socialization to the nursing profession does not occur – students are socialized only to be students of the specific school of nursing, not to the profession at large. Studentship means that students learn what tutors expect from them and manage their learning according to what tutors want not what students believe they will learn. Do you think that this exists? If this notion does exist, doesn't socialization mean that students are socialized to the values and beliefs of faculty and is this representative of the broader scope of nursing?
12. Where do you believe that student graduates of this program best fit into the nursing marketplace?

Appendix P

Faculty Interview Outline: 11F22

You have outlined the following as descriptors:

Caring, Compassion, Intentionality, Dignity, Choice, Autonomy, Competence, Context, Presence and Shared Meaning – School Model.

1. Are these representative of the values and beliefs that you perceive that you teach to students throughout the 4 years of the program?
2. What sorts of events would you predominantly use to teach these values and beliefs?
3. You have identified that you believe the program places more emphasis on pure science although you have also indicated that the curriculum was indicative of faculty values and beliefs and many share the same caring value that you do. How does pure science become a focus of the program? Are there other factors contributing here?
4. Can you tell me more about the misuse of caring & autonomy?
5. You have explained the notion of 6th sense and intuition. Would you agree that this is the same as tacit knowledge written about in the literature? How would you or do you teach this to students? Can you describe the impact that this learning had in relationships with students?
6. You have alluded to the fact that Florence Nightingale roots would better serve the nursing community and that she was far ahead of her time. Can you tell me more?

Appendix Q

Faculty Interview Outline: 20F25

1. Through your descriptions of your life events you have alluded to certain values and beliefs that you have such as, lifelong learning, competence, knowledge, doing the best to achieve optimal well-being, serving others, role modeling, confidence, professionalism, leadership, student-centered philosophy of teaching.

Do you feel that you teach all of these to students and if so what are some examples of the strategies that you would use?

2. Your first descriptor tells about your decision to pursue nursing, some of which were serving others and desire to pursue missionary work with those less privileged. What do you think are some of the influencing factors for students choosing nursing today?

3. You felt that when you first graduated from nursing school you were aware of how much you still needed to learn and that initial roles are very intimidating. What strategies do you advocate to students to ease the transition that they must encounter from student to nurse? Can you provide your thoughts about BScN students being less intimidated than College prepared students or vice versa ?

4. You have mentioned the word confidence frequently in your document in reference to your developing role. How would you teach to assist the student to develop role confidence?

5. In your academic role you have said that you needed to develop tolerance and patience and be sensitive to learners needs. How do you feel that you developed an understanding and sensitivity to student needs?

6. You said that you valued fairness and therefore provided clear guidelines, criteria +ve and constructive feedback for student assignments to facilitate success. How do you think this contributes to role meaning within the students?

Appendix R

Faculty Interview Outline: 24F13

The following outline descriptors in your mapping document:

1. **Philosophy:** nursing health, person, health care environment (School Model)
Impact: 8 7 9
2. **Meaning of Life:** life-death-illness relationship mainly in the clinical setting
Impact: 6 9 7
3. **Quality of Life:** referring to consents, ethics and euthanasia
Impact: 8 - 8
4. **Health:** individually perceived, impact of societal structure factors
Impact: - 7 7
5. **Disease:** knowledge of pathology & developed intuitive patterns, lived experiences
Impact: 5 4 7
6. **Learning:** life-long learning, cognitive, affective, psychomotor, with knowledge of learning styles to build on strengths, nurse as broker of knowledge and work
Impact: 7 5 8
7. **Professionalism:** what is best for self & collective, valued, respected profession
Impact: 9 -3 -
8. **Critical Thinking:** micro to macro, collaborative lobbying, evidence-based knowledge, use creatively and defiantly
Impact: 9 - -
9. **Advocacy:** Pt. Family, Profession: individual respect, acknowledge nursing & caring for individual, family, community and society: Social norms impact physiology. psycholog. spiritual status of people
Impact: 8 8 -
10. **Communication:** Impact of dialogue, self, person, group, society: as influence and power, shared power = power enhancement
Impact: 7 5 10

Are these representative of the values and beliefs taught to students?

2. What sorts of events would be used to teach these values and beliefs? Choose one.
3. You have indicated that philosophy is an evolving process of thought developed within the curriculum and that philosophy is relevant, a little less relevant, then very relevant. Can you tell me more about this?
4. Professionalism impact has gone from 9 to -3 to no comment. Can you explain your thoughts on this?
5. Critical thinking is to be used creatively and defiantly. Can you expand on this with reference to student learning of role meaning?
6. You have focused meaning of life to mainly the clinical setting. Would you focus others mainly to the clinical setting also? Quality of life involves the teaching of consent, ethics and euthanasia. Do you believe that students relate to issues about quality of life while they are students? How do you think that students are taught about quality of life in relationship to themselves?

Appendix S

Interview Outline: 1411

November 5, 1999.

- 1) What are your entrance requirements for OAC students to the school of nursing?
- 2) Are students required to send a letter stating a) why they chose nursing and b) why they chose this school?
- 3) If not why not? If yes - what are the criteria?
- 4) How many students do you admit to the program each year into the basic program? How is this determined?
- 5) How many students enter the basic program with previous degrees? courses?
- 6) What is the average attrition rate?
- 7) Do you determine why students leave the program for reasons other than failing grades?
- 8) If you were to change one aspect of the admissions requirements what would that be and why would you change it?

Appendix T

Interview Outline: 159

November 5, 1999.

- 1) What are the elective options for students in each of the Years I-IV?
- 2) How are the ratios and options determined?
- 3) What sorts of electives do students in each of the years tend to select?
- 4) Have the trends stayed the same or changed over the last 5 years? How?
- 5) Do students seek advice for elective selection, who offers this service and how is this facilitated?
- 6) Do you feel that the electives chosen by the students influence their professional role orientation in any way? Explain
- 7) What are the mandatory non-nursing courses that students are required to take?
- 8) Do you predict any changes in the electives offered to students (the ratios or course selections)? Explain

Appendix U

Student Priority Questionnaire

Please circle the year of nursing school that you are currently in: 1 2 3 4

Please number the following items in order of priority that you feel are:

1 = MOST 12 = LEAST important:

- (A) academic achievement
- (B) friends
- (C) family
- (D) learning the role of a nurse
- (E) financial security
- (F) husband/partner
- (G) having children
- (H) pursuing a career
- (I) securing a job
- (J) independence
- (K) self-awareness
- (L) feeling accepted as a professional

Appendix V

Nursing School Mission, Vision & Values

Vision

Our vision for the future is to be recognized locally, nationally and internationally for our impact on the health of individuals and communities through innovation and excellence in nursing education, research and practice.

Mission

Our mission is to provide responsive and comprehensive quality education for students, to develop nursing and health care knowledge through research at the leading edge of the profession and to promote both exemplary nursing practice and the health of individuals and communities.

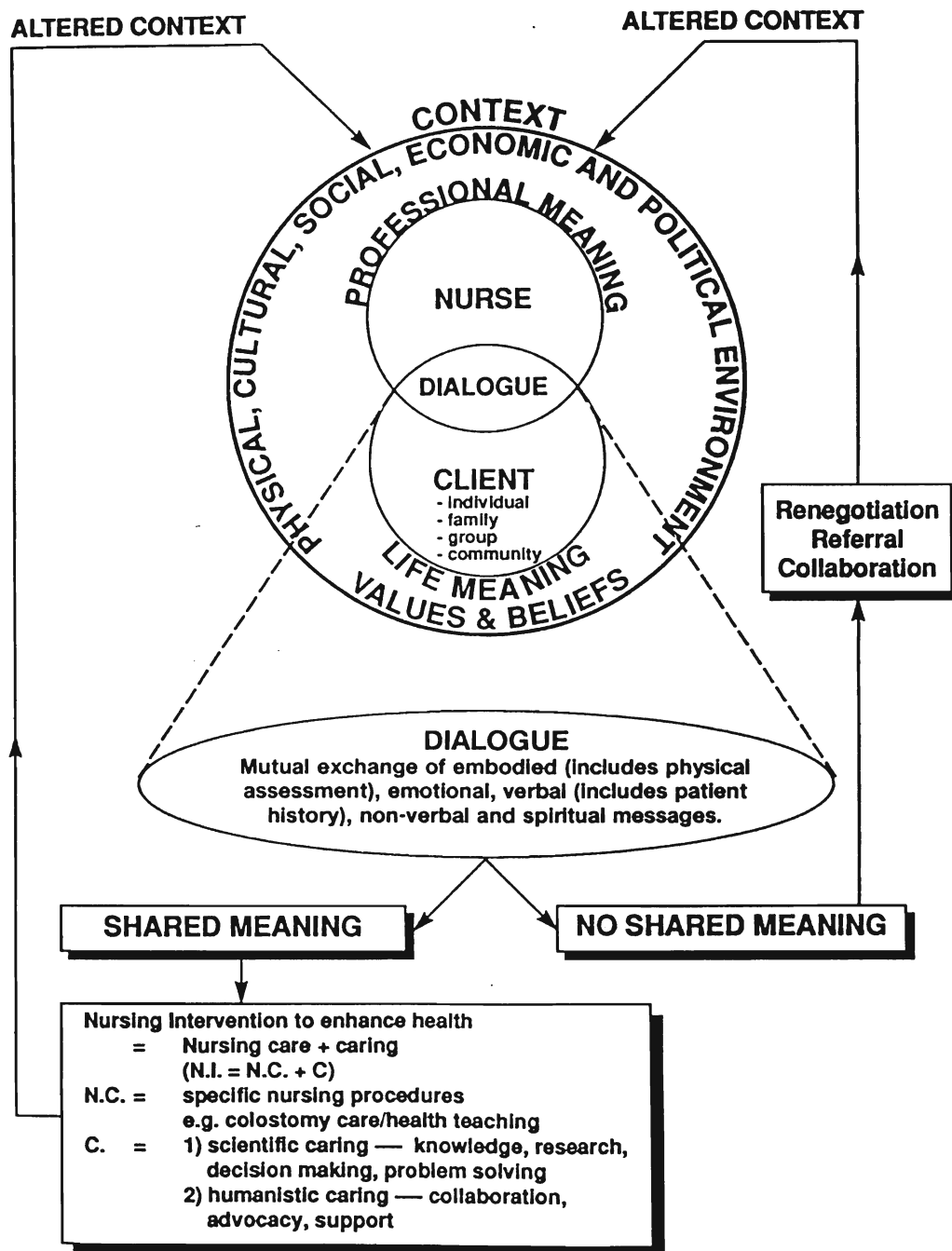
Values

We are committed to:

- ▶ Creating a dynamic environment for life-long learning, critical thinking and humanistic and scientific caring
- ▶ Professional development and acknowledgment of faculty and staff that lead to achievement of optimal creativity and effectiveness
- ▶ Building strong partnerships with stakeholders to meet the challenges of the health care environment
- ▶ Upholding the professional responsibility to advance nursing through research, using a variety of frameworks and methodologies
- ▶ Fostering nursing practice that is in partnership with people receiving service at the level of individual, family and community
- ▶ Innovations in nursing practice which are humanistic, available, effective and efficient
- ▶ Fostering respect for diversity

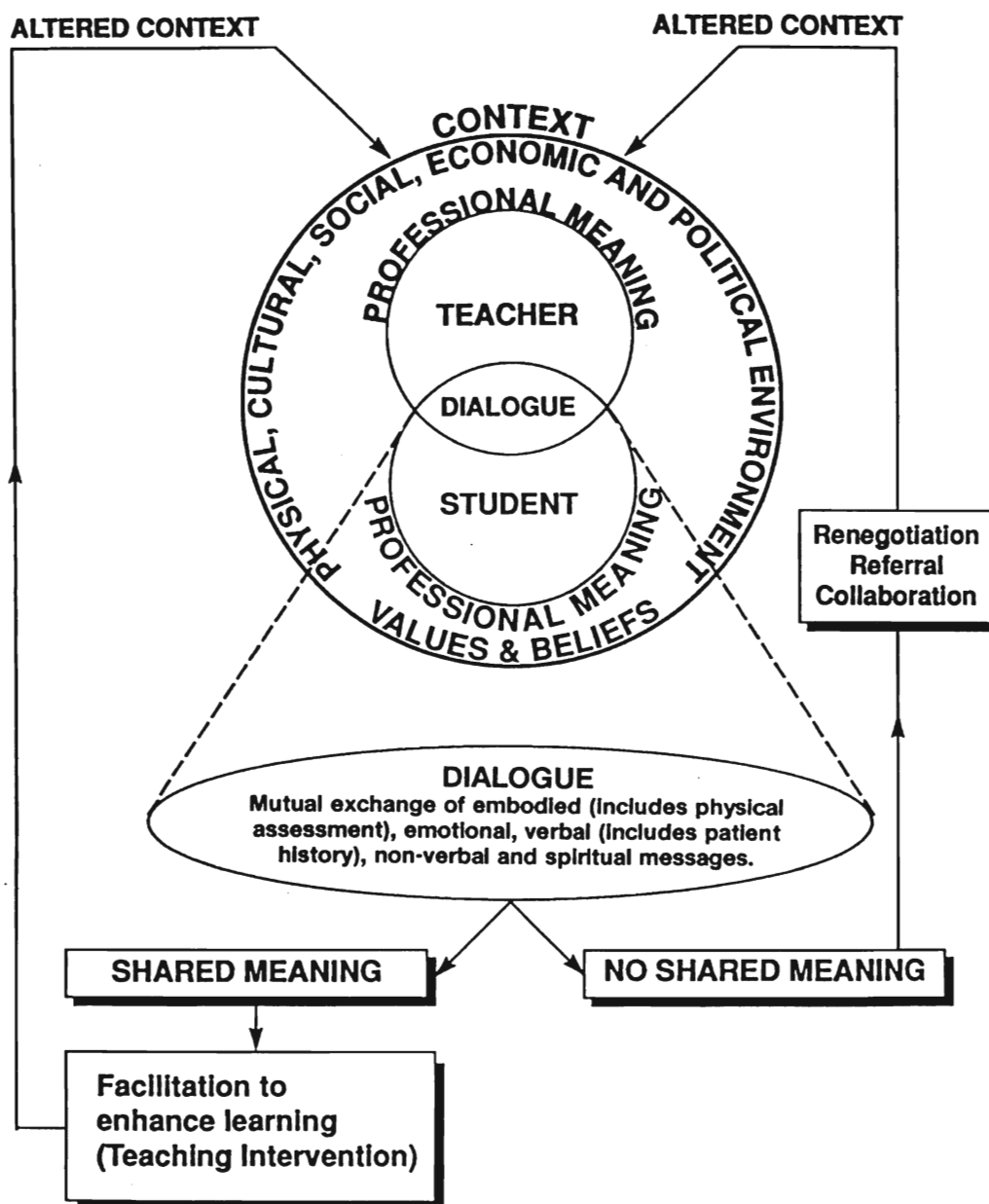
Appendix W

School of Nursing Model of Nursing



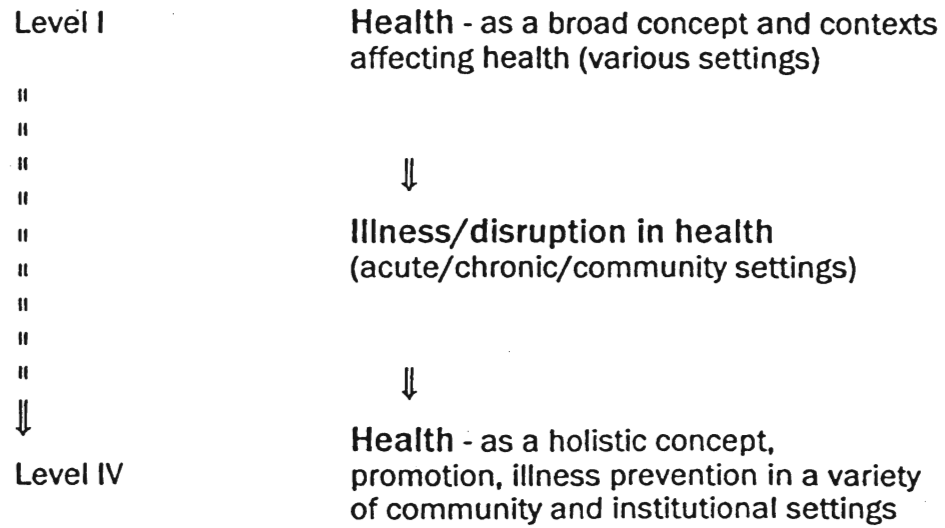
Appendix X

School of Nursing Model of Nursing Education



Appendix Y

Sequencing of Concepts of Health and Illness



Appendix Z

Teaching-Learning Sequencing

STEP I Memory and Information Input

Process which exposes the student to a particular body of knowledge (e.g. formulating questions, reading expository material, observing a phenomenon, collecting evidence, listening to a presentation, discovering principles)

STEP II Deriving Meaning

Process which allows the student to extract meaning from the body of knowledge (e.g. analyzing the material, experimenting with the material, reorganizing the material, consolidating the material, integrating the material)

STEP III Attaching Significance

Process which enables the learner to affix significance to the knowledge, to determine its usefulness and the ways and means of applying it in other situations (e.g. inferring generalizations from the material or reconstructing its general structure, relating the material to other situations, testing for usability)

STEP IV Action

Process which causes the learner to put her/his knowledge to functional use - to operate with it in different situations and to manipulate it through intellectual activity (e.g. using the material to solve a problem, using the material to create a problem, using the material to clarify a problem)

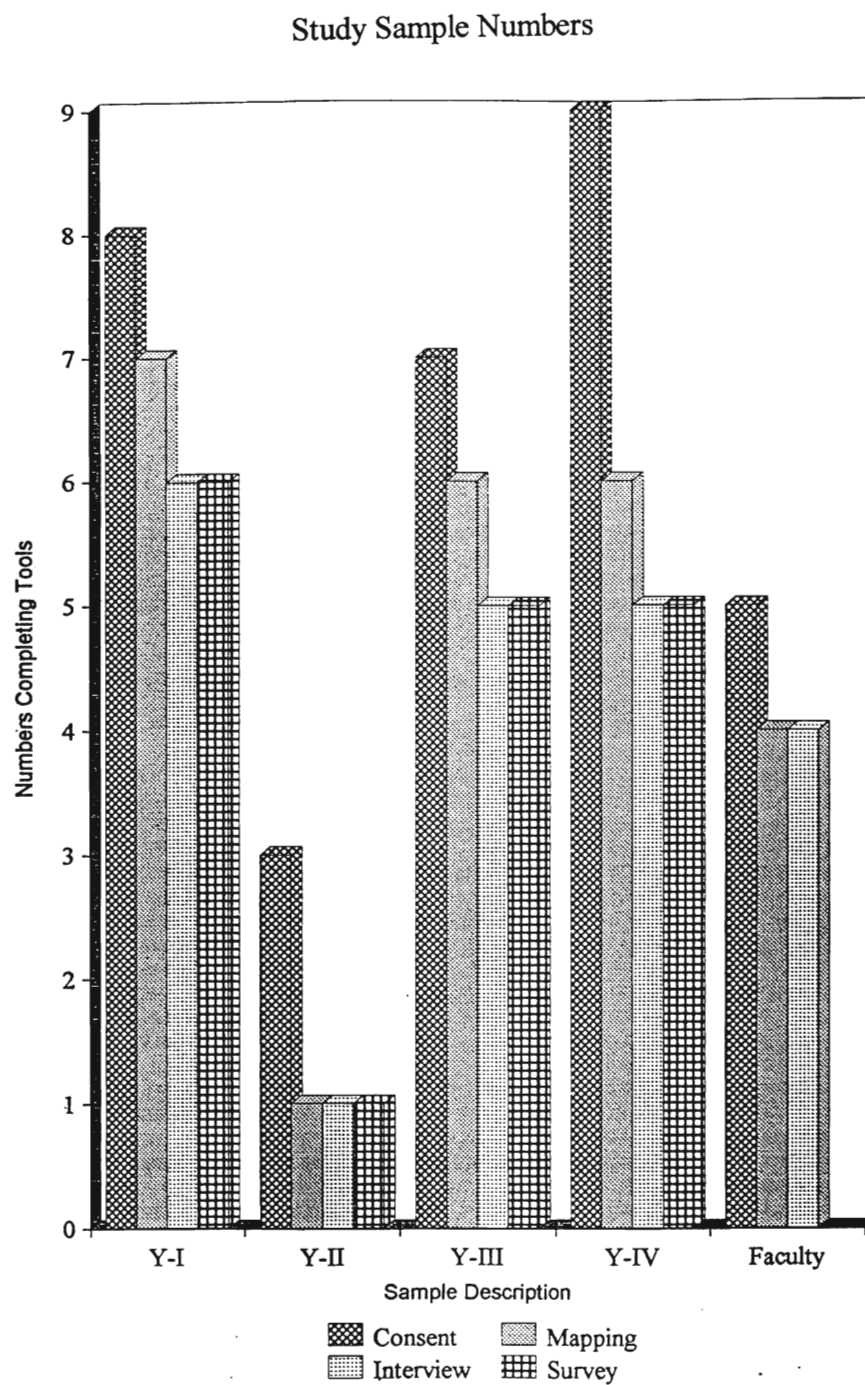


Figure 1. A graphic display of the numbers of research participants, who signed the consent, completed the LifeMapping document, participated in the focus group interviews and completed the questionnaire survey. Faculty member participants were not required to complete a questionnaire.

Averages of Student Priority Ratings

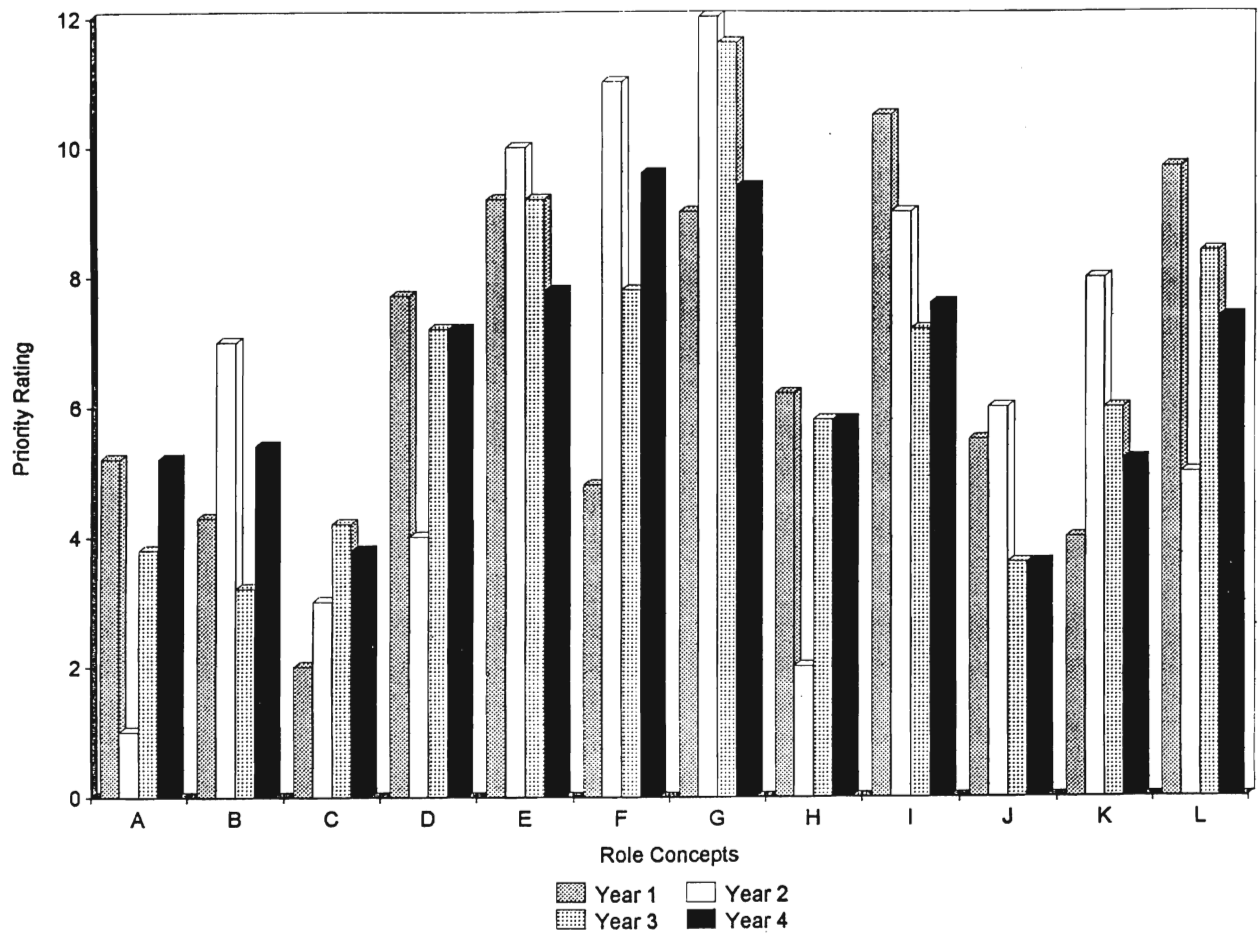


Figure 2. An average rating of priorities and the ordering that students found to be most appropriate, to them, at this point in their lives. Alphabetical role concepts (A to L) are revealed in Appendix U. The priority ranking is from least priority (0) to highest priority (12).